

RENTAL APPLICATION FOR REPRESENTED TENANTS

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).

1 This form should be completed only when the tenant is represented by a real estate licensee. The
2 Consumer notice (49 Pa. Code §35.336) should be completed before completing this form.

Broker/Licensee for Landlord

4 Broker (Company) Licensee(s) (Name)
5
6 Company Address Direct Phone(s)
7 Cell Phone(s)
8 Company Phone Fax
9 Company Fax Email

Broker/Licensee for Tenant

11 Broker (Company) Licensee(s) (Name)
12
13 Company Address Direct Phone(s)
14 Cell Phone(s)
15 Company Phone Fax
16 Company Fax Email

Property Information (to be supplied by Broker for Landlord)

18 Address
19 Move-in Date Term
20 Application Fee (non-refundable) \$ Application Deposit \$
21 Monthly Rent \$ Security Deposit \$
22 First Month's Rent \$ Last Month's Rent \$
23 Are pets permitted? ( ) Yes ( ) No May be subject to review. Pet Rent \$
24 Non-refundable Pet Fee \$
25 Other \$ Other \$
26 Is rental insurance required for tenants? ( ) Yes ( ) No
27 Rent and Security Deposit checks will be written separately.

28 How did you hear about the property?

29 1. APPLICANT INFORMATION

30 Provide at least two years of history. Attach additional sheets if more space is needed.
31 The individual listed below is a(n): ( ) Applicant ( ) Co-signer
32 Full Name
33 Home Phone Work Phone
34 Cell Phone Email
35 Present Address & ZIP
36 From To Rent/Mortgage \$ /mo. ( ) Own ( ) Rent ( ) Other
37 Landlord/Mortgage Co. Name & Phone
38 Previous Address & ZIP
39 From To Rent/Mortgage \$ /mo. ( ) Own ( ) Rent ( ) Other
40 Landlord/Mortgage Co. Name & Phone

41 Applicant's Initials



Applicant Name \_\_\_\_\_

42 Is Applicant at least 18 years old? ( ) Yes ( ) No

43 Are you applying with anyone else? ( ) Yes ( ) No A separate application must be completed for each applicant/co-signer.

44 Name \_\_\_\_\_ ( ) Applicant ( ) Co-signer

45 Name \_\_\_\_\_ ( ) Applicant ( ) Co-signer

46 Name \_\_\_\_\_ ( ) Applicant ( ) Co-signer

47 Name \_\_\_\_\_ ( ) Applicant ( ) Co-signer

48 Will anyone else be occupying the property? ( ) Yes ( ) No

49 Include the full name of any other person not listed above who will be occupying the property.

50 Name \_\_\_\_\_ ( ) 18 or older

51 Name \_\_\_\_\_ ( ) 18 or older

52 Name \_\_\_\_\_ ( ) 18 or older

53 Name \_\_\_\_\_ ( ) 18 or older

54  Check here if additional information is attached

55 **2. EMPLOYMENT INFORMATION**

56 Provide at least two years of history. Attach additional sheets if more space is needed.

57 Employer \_\_\_\_\_

58 Employed From \_\_\_\_\_ To \_\_\_\_\_

59 City/State \_\_\_\_\_ Phone \_\_\_\_\_

60 Supervisor \_\_\_\_\_ Position \_\_\_\_\_

61 Gross Income: \$ \_\_\_\_\_ /mo. OR \$ \_\_\_\_\_ /hr., for \_\_\_\_\_ hrs. per week (on average)

62 Previous Employer \_\_\_\_\_

63 Employed From \_\_\_\_\_ To \_\_\_\_\_

64 City/State \_\_\_\_\_ Phone \_\_\_\_\_

65 Supervisor \_\_\_\_\_ Position \_\_\_\_\_

66 Gross Income: \$ \_\_\_\_\_ /mo. OR \$ \_\_\_\_\_ /hr., for \_\_\_\_\_ hrs. per week (on average)

67  Proof of income attached

68  Check here if additional information is attached

69 **3. OTHER INCOME USED FOR MONTHLY EXPENSES**

70 Alimony, child support, or separate maintenance income need not be revealed if Applicant does not wish to have it considered as a basis for paying this obligation.

72 Source Amount Source Amount

73 \_\_\_\_\_

74 \_\_\_\_\_

75  Check here if additional information is attached

76 **4. BANK ACCOUNT INFORMATION**

77 Bank Name Account Type Balance

78 \_\_\_\_\_ \$ \_\_\_\_\_

79 \_\_\_\_\_ \$ \_\_\_\_\_

80 \_\_\_\_\_ \$ \_\_\_\_\_

81  Check here if additional information is attached

82 **5. MONTHLY PAYMENTS**

83 Lender Name Loan Type Balance Due Monthly Payment

84 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

85 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

86 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

87 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

88  Check here if additional information is attached

89 Applicant's Initials \_\_\_\_\_

Applicant Name \_\_\_\_\_

90 **6. VEHICLE**

91 Include any cars, trucks, vans, motorcycles, trailers, boats and recreational vehicles.

92	Make/Model	Year	Color	License Plate/State
93	_____	_____	_____	_____
94	_____	_____	_____	_____
95	_____	_____	_____	_____

96  Check here if additional information is attached

97 **7. PETS**

98 Does any Applicant or Occupant own any pets? (  Yes ) (  No ) If yes, provide detail below.

99	Pet 1	Pet 2	Pet 3
100	Type (Cat, dog, etc.) _____	_____	_____
101	Breed _____	_____	_____
102	Age _____	_____	_____
103	Weight _____	_____	_____
104	Gender _____	_____	_____

105 **8. OTHER INFORMATION**

106 (  Yes ) (  No ) Have you ever declared bankruptcy or suffered foreclosure?

107 If yes, list any payments: \$ \_\_\_\_\_

108 (  Yes ) (  No ) Have you ever defaulted on your mortgage?

109 (  Yes ) (  No ) Have you been evicted or sued for unpaid rent or damages to leased property?

110 (  Yes ) (  No ) Have you ever refused to pay rent for any reason?

111 (  Yes ) (  No ) Have you ever been convicted of or entered a plea of guilty or nolo contendere for a felony or misdemeanor?

112 (  Yes ) (  No ) Since January 1, 1998, Have you been obligated to pay support under any order(s) of record? If yes:

113 County \_\_\_\_\_ Domestic Relations File or Docket Number: \_\_\_\_\_

114 Amount \_\_\_\_\_ Are you delinquent? \_\_\_\_\_

115 If you answered "yes" to any of the above questions, please explain: \_\_\_\_\_

116 \_\_\_\_\_

117 \_\_\_\_\_

118  Check here if additional information is attached

119 **9. CONDITION OF PROPERTY**

120 The Property will be leased in the same condition as it is shown unless otherwise agreed to in writing.

121 **10. APPLICATION FEE**

122 The Application Fee is NON-REFUNDABLE and will not be applied towards rent or other financial obligations should  
123 Applicant be approved, nor refunded if not approved. Applicant agrees that this sum is paid in consideration of  
124 Landlord/Broker for Landlord's review and/or verification of the information stated in the application.

125 **11. OBLIGATION TO ENTER INTO LEASE AGREEMENT/ DAMAGES**

126 Upon submission of this Application, Landlord/Broker for Landlord reserves the right to remove property from the available  
127 rent list. If this Application is denied by Landlord, the Application Deposit shall be refunded to Applicant. If this Application  
128 is approved and Applicant fails to rent the Property, Landlord shall be entitled to retain the Application Deposit.

129 **12. CONVICTED SEX OFFENDERS (MEGAN'S LAW)**

130 The Pennsylvania General Assembly has passed legislation (often referred to as "Megan's Law," 42 Pa.C.S. § 9791 et seq.)  
131 providing for community notification of the presence of certain convicted sex offenders. **Potential tenants are encouraged**  
132 **to contact the municipal police department or the Pennsylvania state Police for information relating to the presence of**  
133 **sex offenders near a particular property, or to check the information on the Pennsylvania State Police Web site at**  
134 **www.pameganslaw.state.pa.us.**

135 Applicant's Initials \_\_\_\_\_

Applicant Name \_\_\_\_\_

135 **13. NOTICE TO PERSONS OFFERING TO SELL OR RENT HOUSING IN PENNSYLVANIA**

136 Federal and state laws make it illegal for Landlord, Broker, or anyone to use RACE, COLOR, RELIGION or RELIGIOUS  
137 CREED, SEX, DISABILITY (physical or mental), FAMILIAL STATUS (children under 18 years of age), AGE (40 or older),  
138 NATIONAL ORIGIN, USE OR HANDLING/TRAINING OF SUPPORT OR GUIDE ANIMALS, or the FACT OR RELATIONSHIP OR ASSOCIATION TO AN INDIVIDUAL KNOWN TO HAVE A DISABILITY as reasons for refusing to sell,  
139 show, or rent properties, loan money, or set deposit amounts, or as reasons for any decision relating to the sale of property.  
140 The municipality in which the Property is located may have enacted an ordinance or other law that extends the protections for  
136 access to housing to additional classes of individuals, such as gay, lesbian, bisexual and transgender individuals and couples.  
137 Broker and Landlord are advised to check with your local municipality, representative from the Pennsylvania Human  
138 Relations Commission, or your own attorney for further guidance.  
139

140 **14. FAIR CREDIT REPORTING ACT**

141 If the Landlord or Broker denies your application based in whole or in part on any information contained in the consumer report author-  
142 ized by paragraph 16 of this Application, the Landlord or Broker must provide you with oral, written or electronic notice of the denial,  
143 and must provide to you: (1) the name, address, and telephone number of the consumer reporting agency (including a toll-free tele-  
144 phone number established by the agency if the agency compiles and maintains files on consumers on a nationwide basis) that furnished  
145 the report, (2) a statement that the consumer reporting agency did not make the decision to deny the application and is unable to pro-  
146 vide you with the specific reasons why your application was denied, (3) a numerical credit score, the range of possible credit scores  
147 under the model used, up to four of the key factors that led to the denial, and the date the credit score was created (4) information about  
148 how to obtain a free copy of your consumer report from the consumer reporting agency, and (5) information about how to dispute the  
149 accuracy or completeness of any information in a consumer report furnished by the agency. If the Landlord or Broker denies your appli-  
150 cation because of information from a person other than a credit reporting agency (for example, an employer or prior landlord), the  
151 Landlord or Broker must provide you with notice about your right to make a written request to discover the nature of that information.

152 **15. SPECIAL CLAUSES**

153 **(A) The following are part of this Application if checked:**

- 154  Advanced Payment Addendum (PAR Form APA)
- 155  \_\_\_\_\_
- 156  \_\_\_\_\_

157 **(B) Additional Terms:** \_\_\_\_\_  
158 \_\_\_\_\_  
159 \_\_\_\_\_

160 **16. AUTHORIZATION**

161 By initialing below, Applicant provides the described authorization.

162 \_\_\_\_\_ Applicant authorizes Landlord or Broker for Landlord to obtain any information deemed necessary to evaluate this  
163 Application. This information may include, but is not limited to, credit reports, criminal history, judgments of record,  
164 rental history, verification of employment and salary, employment history, vehicle records, and licensing records.  
165 Broker for Landlord may report to Landlord any information obtained by Broker for Landlord for evaluation of the  
166 Application. Applicant acknowledges that all information in the Application is true and correct. Applicant acknowl-  
167 edges that if applicant presents false or incomplete information Landlord may reject this Application. Applicant  
168 understands that giving false or incomplete information may result in forfeiture of any payments made in connection  
169 with this Rental Application.

170 \_\_\_\_\_ Applicant authorizes the Broker for Owner to contact the Applicant directly.

171 \_\_\_\_\_ Applicant agrees that Broker(s), his/her agent(s) and/or employee(s) may provide Applicant's social security num-  
172 ber, individual taxpayer identification number, driver's license information and date of birth to lenders, title agen-  
173 cies, credit reporting companies, or others as necessary for obtaining reports or information from a credit reporting  
174 agency, determining the existence of domestic liens, or for obtaining a criminal background report (for prospective  
175 tenants only). **Applicant understands that Brokers have no control over the use of any information after it is  
176 disclosed to a third party and agrees to release and hold Brokers harmless from any and all liability for any  
177 misuse or subsequent disclosure by any third party of the information or reports disclosed by Broker pur-  
178 suant to the terms of this authorization.**

179 **For Tenant Identification Purposes Only**

180 Social Security Number/ITIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

181 Driver's License/Government ID Number \_\_\_\_\_ Driver's License State \_\_\_\_\_

182 **I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.**

183 **APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

184 **APPLICANT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_