

RESIDENTIAL Tenant Qualification Application

Section 7. OPEN CREDIT

Department Store	City/State	Account Number	Mo. Pay.

Banks and Finance Companies. (Do not list credit cards)

Automobile Financed

Furniture and Appliance Stores

Other Monthly Payments (Auto Ins., Life Ins., Clothing Stores, etc.)

Credit Cards

Section 8. CHECKING ACCOUNTS

Bank, Cr. Un., etc.	City/State	Account Number	Balance

Section 9. SAVINGS ACCOUNTS

Section 10. PAID CREDIT

Section 11. Please answer the following:

- Have you been denied credit within the past 12 months?
Yes No
- Have you been delinquent in rent more than 30 days?
Yes No
- Have you been delinquent with any creditor more than 60 days?
Yes No
- Has any landlord filed an eviction action against you?
Yes No
- Have you ever been arrested for criminal activity?
Yes No
- Does your landlord know you are planning to move?
Yes No

Section 12. AUTOMOBILE INFORMATION

Name of Auto: _____ Type: _____ Year: _____
 Plate No.: _____ Drivers Lic. No.: _____

Section 13. PERSONAL IDENTIFICATION INFORMATION

*(To prevent the fraudulent use of your name.
 ALL INFORMATION HELD IN STRICT CONFIDENCE.)*

Place of Birth: _____ Date: _____
 High School Attended: _____
 Year Graduated: _____ Date Married: _____
 College Attended: _____
 Year Graduated: _____ Type Degree: _____

Section 14. NEAREST RELATIVE

HIM:
 Name: _____
 Street Address: _____
 City/State/Zip: _____
 Relationship: _____

HER:
 Name: _____
 Street Address: _____
 City/State/Zip: _____
 Relationship: _____

Tenant Qualification Reports are drawn from the
 LANDLORD SERVICE BUREAU, INC.
 12801 Route 30, 2nd Floor
 North Huntingdon, Pennsylvania 15642

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 (LAST NAME)
 _____ (His First Name) _____ (Initial) _____ Social Security Number
 _____ (Her First Name) _____ (Initial) _____ Social Security Number

Each unmarried adult person to occupy the unit shall complete a separate Residential Tenant Qualification Application Form.

LOCATION OF RENTAL UNIT APPLYING

 (Street Address)
 City/State/Zip: _____
 Monthly Rental: \$ _____ Apartment No. _____

Plus Utilities checked:
GAS: Heat Cooking Hot Water
ELECTRIC: Heat Cooking Light Hot Water
WATER **SEWAGE** **OIL** **RUBBISH REMOVAL**
 OTHER _____

ADVANCE FEES AND DEPOSITS TO BE PAID BY APPLICANT

Tenant Qualification Fee: \$ _____
(Not refundable. Approved, rejected, or cancelled.)
 Escrow Deposit: \$ _____

LIST NAMES OF PERSONS TO RESIDE IN RENTAL UNIT

Adults: (18 years of age and older)

Children: (under 18 years of age)

IMPORTANT NOTICE

Section: I

Read this section carefully **before** you complete and submit this Residential Tenant Qualification Application. You understand you **must be qualified** as an **acceptable tenant before a lease agreement is signed by you and the landlord**. Before you are accepted as an applicant you agree the landlord may:

- (1) Investigate the information you give in this Residential Tenant Qualification Application.
- (2) Investigate any other information learned from the investigation of this application.
- (3) Determine if you were ever arrested for any criminal activity.
- (4) Determine if there were police calls to quell disturbances caused by you and/or guest.
- (5) Obtain a credit report to determine your credit payment history. Delinquent credit history may be a cause for non-approval.
- (6) All wages and income must be verified.
- (7) Present and previous landlords must be verified and to determine promptness of rental payments, housekeeping habits and damage caused by you, your family, guest and invitees and any other lease violations.

Section: II Other Considerations

- (a) You do not have any pets and must have written consent of landlord **before** any pet is brought into rental unit.
- (b) Upon being notified that you have been accepted as a tenant you are required to sign a lease agreement within **48 hours from the date of notification**. Failure to do so shall terminate landlord's duty to conclude a lease agreement with you.
- (c) Escrow Deposit and rents due must be paid in full at time of signing lease agreement.

I/we agree and accept all of the conditions in Section I and II and submit this Residential Tenant Qualification Application for consideration.

Accepted by:

Applicant _____

Date _____

Applicant _____

Date _____

Section 1. PRESENT ADDRESS

(Street Address)

(City) (State) (Zip Code)

Phone Number: _____

Monthly Payment	Date Lease Expires	Time At Address	
		Years:	Months:
\$ _____	_____	_____	_____

PRESENT LANDLORD

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Section 2. List Previous Addresses and Landlords (last 5 years)

Street Address: _____

City/State/Zip: _____

Time at Address: Years: _____ Months: _____ Mo. Pay.: \$ _____

Landlord: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Street Address: _____

City/State/Zip: _____

Time at Address: Years: _____ Months: _____ Mo. Pay.: \$ _____

Landlord: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Street Address: _____

City/State/Zip: _____

Time at Address: Years: _____ Months: _____ Mo. Pay.: \$ _____

Landlord: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Section 3. PRESENT EMPLOYER

(Name)

(City) (State) (Zip Code)

Phone Number _____

Time on Job		Department	Occupation	
Years:	Months:	_____	_____	
_____	_____			
Gross Pay Monthly		Net Pay Monthly	Are you laid off?	
\$ _____		\$ _____	Yes	No

Section 4. SPOUSES EMPLOYER

(Name)

(City) (State) (Zip Code)

Phone Number _____

Time on Job		Department	Occupation	
Years:	Months:	_____	_____	
_____	_____			
Gross Pay Monthly		Net Pay Monthly	Are you laid off?	
\$ _____		\$ _____	Yes	No

Section 5. OTHER MONTHLY INCOME

Social Security \$ _____ Date receive _____

SSI \$ _____ Date receive _____

Pension \$ _____ Date receive _____

U.E. Comp. \$ _____ When receive _____
(weekly, bi-weekly, monthly)

Workman Comp. \$ _____ Date receive _____

Welfare \$ _____ When receive _____
(weekly, bi-weekly, monthly)

Food Stamps \$ _____ When receive _____
(weekly, bi-weekly, monthly)

Alimony \$ _____ Date receive _____

Child Support \$ _____ Date receive _____

Other: Explain \$ _____ When receive _____

Section 6. DEPENDENTS AND MARITAL STATUS

Self: Age _____ Wife: Age _____

Number of Dependent Children: _____ Total Dependents: _____

Married Unmarried Separated (check proper box)