

RIVERVIEW HEIGHTS APARTMENTS

1104 Fernwood Avenue, Suite 301

Camp Hill, Pennsylvania 17011

Telephone: (717) 731-1602 ♦ Facsimile (717) 731-1460

RENTAL APPLICATION

Application Fee: \$45.00 per applicant NON-REFUNDABLE

Desired Date of Occupancy: _____

Desired Unit Number, if known: _____

PART 1		PERSONAL INFORMATION	
Applicant Name: _____	S.S. # _____ - _____ - _____	Marital Status: _____	
DOB: ____/____/____	Home Phone () _____	Cell Phone () _____	
Co-Applicant Name: _____	S.S. # _____ - _____ - _____	Marital Status: _____	
DOB: ____/____/____	Home Phone () _____	Cell Phone () _____	
Email Address for Notifications: _____			
PART 2		CURRENT RESIDENCE	
Applicant Current Full Address: _____	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	
Name of Current Landlord/Lender: _____	Landlord/Lender Phone: () _____		
Move-In Date: _____	Expected Move-Out Date: _____	Monthly Payment: \$ _____	
Why are you leaving your present residence? _____			
Co-Applicant Current Full Address: _____	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	
Name of Current Landlord/Lender: _____	Landlord/Lender Phone: () _____		
Move-In Date: _____	Expected Move-Out Date: _____	Monthly Payment: \$ _____	
Why are you leaving your present residence? _____			
PART 3		EMPLOYMENT	
Applicant Current Employer: _____			
Start Date: _____	End Date: _____	Salary: _____	No. hours per wk: _____
Employer's Address: _____	Phone #: _____		
Previous Employer: _____	Start Date: _____	End Date: _____	
Previous Employer's Address: _____	Phone #: _____	Salary: _____	
Co-Applicant Current Employer: _____			
Start Date: _____	End Date: _____	Salary: _____	No. hours per wk: _____
Employer's Address: _____	Phone #: _____		
Previous Employer: _____	Start Date: _____	End Date: _____	
Previous Employer's Address: _____	Phone #: _____	Salary: _____	

PART 4

IMPORTANT INFORMATION

Applicant: Are you a U.S. Citizen? Yes No If no, do you have a valid work visa? Yes No
 Have you ever:
 a) been evicted? Yes No *
 b) broken a rental lease/rental agreement/contract? Yes No *
 c) been sued for non-payment of rent or damages to rental property? Yes No *
 d) been convicted of a felony? Yes No *
 e) declared bankruptcy? Yes No *
 * (If marked "Yes", please explain on a separate sheet of paper and attach to application.)

Co-Applicant: Are you a U.S. Citizen? Yes No If no, do you have a valid work visa? Yes No
 Have you ever:
 a) been evicted? Yes No *
 b) broken a rental lease/rental agreement/contract? Yes No *
 c) been sued for non-payment of rent or damages to rental property? Yes No *
 d) been convicted of a felony? Yes No *
 e) declared bankruptcy? Yes No *
 * (If marked "Yes", please explain on a separate sheet of paper and attach to application.)

List full Name, DOB and Relationship of all persons other than applicant and co-applicant who will occupy the premises.

Name: _____ DOB: _____ Relationship: _____
 Name: _____ DOB: _____ Relationship: _____
 Name: _____ DOB: _____ Relationship: _____

Do you own pets? Yes No If yes, what type? _____ How many? _____

List ALL vehicles to be parked on the premises by Applicant, Co-Applicant or other occupants.
 Type/Make: _____ Year: _____ License #: _____ Registered: _____
 Type/Make: _____ Year: _____ License #: _____ Registered: _____

HOW DID YOU HEAR ABOUT US? _____
 I understand I acquire no rights to an apartment until my application is approved and I submit a security deposit of one month's rent for a one year lease term.

I understand that the application fee is \$45.00 per applicant age 18 and above. I further understand that the application fee is NON-REFUNDABLE.

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Applicants represent that all above statements are true and complete. Applicants hereby authorize verification of above information as per the attached Authorization Form. Applicants acknowledge that false information may constitute grounds for rejection of this application and termination of right of occupancy and/or deposits. I have read and agree to the provisions as stated above.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

APPLICATION ADDENDUM

Verification Authorization Form

I hereby authorize the release of information to **Riverview Heights Apartments**, its successors and/or assigns, by my employer, bank, accountant, mortgage lender, creditors, credit reporting agencies, and other sources. It is understood that a photocopy of this form will also serve as authorization.

The information **Riverview Heights Apartments** obtains is confidential, and will only be used to process my application to lease an apartment and/or to keep my account information current.

(Please Print)

Applicant's Full Name

Date of Birth

Social Security Number

Present Address *(Please include street, city, state and zip code.)*

Applicant's Signature

Date

Co-Applicant's Full Name

Date of Birth

Social Security Number

Present Address *(Please include street, city, state and zip code.)*

Co-Applicant's Signature

Date

NOTICE TO APPLICANT(S): Riverview Heights Apartments currently processes credit inquiries through CreditLink Corporation.