

RIVERVIEW HEIGHTS APARTMENTS

1104 Fernwood Avenue, Suite 104

Camp Hill, Pennsylvania 17011

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

RENTAL APPLICATION

Application Fee: \$20.00 per applicant NON-REFUNDABLE

Desired Date of Occupancy: _____

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 ()** _____

PART 2

CURRENT RESIDENCE

Applicant Current Address: _____ **Own** **Rent**

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 Address: _____ **Own** **Rent**

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 \$950.00 for a one year lease term.

I understand that the application fee is \$20.00 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.