

# City Living

1824 Spruce Street, Suite100 | Philadelphia, PA 19103

| T 215.985.4604 | F 215.985.5932

## UNIFORM RESIDENTIAL RENTAL APPLICATION

BUILDING                                      APARTMENT                                      MONTHLY RENT                                      SECURITY  
 LEASE START DATE                                      LEASE END DATE                                      LEASE TERM                                      APPLICATION                                      OTHER

PET  YES  NO IF YES, WHAT KIND? \_\_\_\_\_ WEIGHT? \_\_\_\_\_ AGE? \_\_\_\_\_ (SOME BUILDINGS DO ALLOW PETS – IF APPROVED, A PET SECURITY EQUAL TO ONE MONTH’S RENT IS REQUIRED AT THE TIME OF LEASE SIGNING, \$500 OF WHICH IS NON-REFUNDABLE)  
 THIS APPLICATION IS DESIGNED TO BE COMPLETED BY ONE APPLICANT ONLY. IN THE SPIRIT OF U.S. POLICY FOR THE ACHIEVEMENT OF EQUAL HOUSING OPPORTUNITY, THERE ARE NO BARRIERS TO OBTAINING HOUSING BECAUSE OF RACE, COLOR, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, HANDICAP OR FAMILIAL STATUS. APPROVAL IS BASED ON AN APPLICANT’S ABILITY TO PROVE EMPLOYMENT, INCOME, RESIDENCY, CREDIT AND FINANCIAL HISTORY AS DESCRIBED BELOW. ALL INFORMATION SUPPLIED WILL BE VERIFIED FOR ITS ACCURACY.

**ALL SECTIONS MUST BE COMPLETED, PRINTED AND LEGIBLE BEFORE SUBMITTING FOR APPROVAL**

### LIST ANY AND ALL PERSONS TO OCCUPY THIS APARTMENT (OTHER THAN THE APPLICANT)

NAME                                      SOCIAL SECURITY #                                      DATE OF BIRTH

NAME                                      SOCIAL SECURITY #                                      DATE OF BIRTH

### APPLICANT INFORMATION (WRITE YOUR NAME AS IT APPEARS ON YOUR CREDIT FILES)

FIRST NAME	MIDDLE	LAST NAME	JR., SR., III	SEX: MALE <input type="checkbox"/>
				FEMALE <input type="checkbox"/>
SOCIAL SECURITY #	DATE OF BIRTH	DAYTIME TELEPHONE	EVENING TELEPHONE	
ARE YOU A U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, KINDLY PROVIDE PROOF OF RESIDENCY	EMAIL ADDRESS	PREFERRED CONTACT METHOD	
IN CASE OF EMERGENCY, NOTIFY...	TELEPHONE #	RELATIONSHIP TO YOU		

### CURRENT RESIDENCY : YOU MAY BE REQUIRED TO PRODUCE A SIGNED LEASE AND/OR CANCELLED RENT CHECKS

ADDRESS	APT. #	CITY	STATE	ZIP
LANDLORD/MANAGEMENT Co. (MORTGAGE Co. IF OWNED)			TEL. #	CONTACT
HOW LONG?	MONTHLY RENT MORTGAGE \$	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> ONLY CHECK ONE ✓	COMMENTS	

### PRIOR RESIDENCY : MUST BE COMPLETED IF YOU LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN 2 YEARS

ADDRESS	APT. #	CITY	STATE	ZIP
LANDLORD/MANAGEMENT Co. (MORTGAGE Co. IF OWNED)			TEL. #	CONTACT
HOW LONG?	MONTHLY RENT MORTGAGE \$	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> ONLY CHECK ONE ✓	COMMENTS	

APPLICANT INITIALS \_\_\_\_\_

**UNIFORM RESIDENTIAL RENTAL APPLICATION**

**CURRENT EMPLOYMENT : PRIMARY SOURCE OF INCOME**

YOU MAY BE REQUIRED TO PRODUCE  
 1- EMPLOYER VERIFICATION LETTER SIGNED & DATED ON LETTERHEAD  
 2- PAY STUBS 3- W2 | 10-40 | 10-99 4- TAXPAYER IDENTIFICATION

EMPLOYER	ADDRESS	CITY	STATE	ZIP
CONTACT NAME	CONTACT TEL. #	HOW LONG AT THIS JOB?	EMPLOYMENT DATES	
POSITION   TITLE	TYPE OF BUSINESS	HOW LONG AT THIS TYPE?	<input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> INDEPENDENT CONTRACTOR ONLY CHECK ONE ✓	

**CURRENT ANNUAL INCOME DETAIL**

BASE INCOME	OVERTIME	BONUSES	COMMISSIONS	OTHER	TOTAL INCOME
IF SELF EMPLOYED, INDEPENDENT CONTRACTOR OR USE OVERTIME, BONUS OR COMMISSION INCOME TO QUALIFY . . . 1- FLUCTUATING INCOME MAY BE AVERAGED 2- YOU MAY BE REQUIRED TO PRODUCE 2 YRS. INCOME TAX DOCUMENTATION 3- YOU MAY BE REQUIRED TO SUPPLY INFORMATION ABOUT THE ACCOUNTANT THAT PREPARED YOUR MOST RECENT INCOME TAX RETURN					

ACCOUNTANT NAME	TEL #	ADDRESS
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**PREVIOUS EMPLOYMENT : COMPLETE ONLY IF CURRENT EMPLOYMENT IS LESS THAN 2 YEARS**

EMPLOYER	ADDRESS	CITY	STATE	ZIP
CONTACT NAME	CONTACT TEL #	HOW LONG AT THIS JOB?	EMPLOYMENT DATES	
POSITION   TITLE	TYPE OF BUSINESS	HOW LONG AT THIS TYPE?	<input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> INDEPENDENT CONTRACTOR ONLY CHECK ONE ✓	

**PREVIOUS ANNUAL INCOME DETAIL**

BASE INCOME	OVERTIME	BONUSES	COMMISSIONS	OTHER	TOTAL INCOME
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**SPOUSE INFORMATION :  SINGLE  MARRIED  SEPARATED  DIVORCED**

FIRST NAME	MIDDLE	LAST NAME	JR., SR., III	HOW LONG?
SOCIAL SECURITY #	DATE OF BIRTH	DAYTIME TELEPHONE	EVENING TELEPHONE	
EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	INCOME	EMAIL ADDRESS	DRIVER'S LICENSE # & STATE	

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## UNIFORM RESIDENTIAL RENTAL APPLICATION

### ASSET ACCOUNTS : YOU MAY BE REQUIRED TO PRODUCE MONTHLY ACCOUNT STATEMENTS

ONLY CHECK ONE ✓  CHECKING  SAVINGS  MONEY MARKET  STOCK INVESTMENT  OTHER \_\_\_\_\_

INDIVIDUAL ACCOUNT  JOINT ACCOUNT (SUPPLY SS#) ACCOUNT #

BANK | INSTITUTION BRANCH ADDRESS CONTACT

### ASSET ACCOUNTS : YOU MAY BE REQUIRED TO PRODUCE MONTHLY ACCOUNT STATEMENTS

ONLY CHECK ONE ✓  CHECKING  SAVINGS  MONEY MARKET  STOCK INVESTMENT  OTHER \_\_\_\_\_

INDIVIDUAL ACCOUNT  JOINT ACCOUNT (SUPPLY SS#) ACCOUNT #

BANK | INSTITUTION BRANCH ADDRESS CONTACT

### OTHER INFORMATION : CHECK IF ADDITIONAL INFORMATION IS ATTACHED ✓ ATTACHMENTS

- YES  No  HAVE YOU EVER BEEN EVICTED OR SUED FOR UNPAID RENT OR DAMAGES TO LEASE PROPERTY?
- YES  No  HAVE YOU EVER REFUSED TO PAY RENT FOR ANY REASON?
- YES  No  HAVE YOU EVER DECLARED BANKRUPTCY OR SUFFERED FORECLOSURE?
- YES  No  HAVE YOU EVER BEEN CONVICTED OF A FELONY?
- YES  No  HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?
- YES  No  HAVE YOU AT ANY TIME ON OR SINCE JANUARY 1, 1998 BEEN OBLIGATED TO PAY SUPPORT UNDER AN ORDER ON RECORD IN ANY PENNSYLVANIA COUNTY?
- YES  No  ARE YOU DELINQUENT WITH ANY REQUIRED PAYMENTS? IF SO, HOW MUCH? \$ \_\_\_\_\_

### REFERENCES : EXCLUDING FAMILY MEMBERS

NAME	TEL #	RELATIONSHIP
NAME	TEL #	RELATIONSHIP
NAME	TEL #	RELATIONSHIP

### DEPARTMENT OF MOTOR VEHICLES INFORMATION : MUST BE COMPLETED IF REGISTERED MOTORIST

LICENSE #	STATE OF LICENSE	VEHICLE PLATE	VEHICLE MAKE	VEHICLE MODEL	YEAR
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APPLICANT INITIALS \_\_\_\_\_

**UNIFORM RESIDENTIAL RENTAL APPLICATION**

**CERTIFICATION:**

I understand that a credit investigation will be conducted to verify the information I supply and that any misrepresentation made by me may be cause for the rejection of the application. Approval of this application is subject to review and verification of the information you provide here, and all supporting documentation. I may receive a copy of my consumer credit file only by contacting the reporting credit bureaus directly. I agree to hold Landlord, its employees, officers, managers, managing members, heirs, assigns and agents (hereinafter collectively referred to as "Landlord") harmless for any claims that may arise as a result of any investigation herein and or in connection with any lease contemplated herein. No representations or agreements by leasing agents, brokers or others are binding on Landlord unless included in writing in a Lease Agreement. The Landlord will in no event be bound nor will possession of the apartment be given unless and until a Lease Agreement executed by the Landlord has been delivered to the applicant. **ANY AND ALL FEES COLLECTED FOR THIS INVESTIGATION ARE NONREFUNDABLE.**

**AUTHORIZATION TO RELEASE INFORMATION:**

I hereby knowingly and willingly grant Landlord full authorization for an investigative report whereby third parties may be contacted to report on, including but not limited to my character, general reputation, personal characteristics, mode of living, salary-income, consumer credit and banking practices. I authorize banks, financial institutions, landlords, business associates, credit bureaus, attorneys, accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. Further, I knowingly and willingly grant Landlord full authorization for any update reports which may be ordered as and when needed. Further, I knowingly and willingly authorize and consent to the use of any information contained in this application, any consumer report to collect any debt owed, regardless of whether or not I am in possession of the premises being applied for, including but not limited to using said information to locate me at any new business and/or residential address, and/or to locate assets. I am willing that a photocopy or facsimile of this authorization be accepted with the same authority as the original.

**DEPOSIT MONIES:**

Simultaneous with the execution of this Agreement, I shall pay Landlord the aforementioned **non-refundable deposit**, which shall be considered the Security Deposit. On or before the earlier of Five (5) days from the date of receipt of the lease agreement, and prior to the commencement date of the lease (the "Delivery Date"); I shall execute and deliver to the Landlord, the lease agreement with required monies pursuant to the lease agreement, which was prepared by Landlord delivered/sent to me. In the event that I fail to timely comply, Landlord shall retain and I shall forfeit the Deposit as liquidated damages for my breach of the terms of this Agreement. Such liquidated damages shall be in lieu of any other measure of damages and shall not be constituted a penalty. In the event the Landlord is unable to rent the premises to me due to credit or any other extenuating circumstances beyond the control of the Landlord, I shall be promptly notified and the Deposit shall be promptly returned to me. In the event that I decide not to lease the premises after payment of the Deposit; the Deposit shall be forfeited.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

- EMPLOYMENT VERIFICATION     I.D. VERIFICATION     APPROVED
- CREDIT REPORT     CO-SIGN REQUIRED     REJECTED

By: \_\_\_\_\_ DATE: \_\_\_\_\_  
INITIALS

COMMENTS:

APPLICANT  
INITIALS \_\_\_\_\_