Gerry Halula

Cell (724) 689-9145 Office (724) 863-4360 ext: 105 Fax: 724-863-9584

Rental Application

Separate application required from each applicant age 18 or older.

	THIS SECTION	N TO BE COM	PLETED BY LANI	DLORD
,	Address of property to be rented:			
	Rental Term: □ month-to-month □	lease from	to)
,	Amounts due prior to occupancy First month's rent		\$	
	Security deposit		\$	
	Credit check fee		\$	
	Other (specify)		\$	
			Total: \$	
Applica Full Nam	nt: ne include all names you use(ed):			
	none ()	Work pho	no ()	
Cell Pho	ne ()	Email:		
Social S	ecurity Number:	Driver's L	cense number & :	state:
Vehicle I	Make: Model:		Color:	Year: _
License	plate number & state:			
Addition	nal Occupants:			
1	List everyone, including children who	will live with y	ou:	
Full Nam	Full Name:		Relationship	o to applicant:
Rental H	listory : address:			
	Dates lived at address:		Reason for leavi	ng:
ı	l andlord/manager:		Landlord/manage	ar nhono:

Previous address:					
Dates lived at addre	ess:	Rea	ason for leaving	g:	
Landlord/manager:		Lan	dlord/manager	phone:	
Previous address:					
Dates lived at addre	ess:	Rea	ason for leaving	g:	
Landlord/manager:		Lan	dlord/manager	phone:	
Employment History					
Name and address of curre	nt employer:				
			Phone: ()	
Name of supervisor:			Phone: ()	
Dates employed at this job:			Position or	Title:	
Name and address of previo	ous employer:				
•					
Name of supervisor:					
Dates employed at this job:					
Average monthly amount	s of other income (speci		Φ		_
			Total: \$		_
Credit and Financial infor	mation:				
Bank/Financial Accounts Savings Account:	Account number	Bank/I	nstitution	Braı	nch
Checking Account:					
Money Market or similar acc	ot				
Credit accounts & loans:	Type of account (auto loan, visa, et)	Account Number	Name of creditor	Amount owed	Monthly payment
Major credit card:					
Major credit card:					
Loan (mortgage, car, studer	nt loan, etc.)				
Other major obligation:					
Miscellaneous					

Describe the number and type of pets you wan	nt to have in the rental property							
Describe water-filled furniture you want to hav	cribe water-filled furniture you want to have in the rental property:							
Do you smoke? ☐ Yes ☐ No								
Have you ever: Filed for bankruptcy? ☐ Yes ☐ No	Been sued? ☐ Yes ☐ No							
Been evicted? ☐ Yes ☐ No	Been convicted of a crime? \square Yes \square No							
References and emergency contact:								
Personal reference:	Relationship							
Address:								
Phone:								
Personal reference:	Relationship							
Address:								
Phone:								
Contact in Emergency:	Relationship							
Address:								
Phone:								
may be terminated if I have made any false or incompl	I correct and understand that my leae or rental agreement lete statement in this application. I authorized verification of edit sources, credit bureaus, current and previous landlords							
Date Applicant signature								
Notes (Landlord/Manager):								