

APPLICATION FOR APARTMENT LEASE
\$65.00 Non-Refundable Application Fee plus
Security Deposit (One Month Rent) required with Application
NO PETS ALLOWED

Apartment Location _____ Monthly Rent \$ _____ Lease Term _____

Applicant Name _____ Phone _____ Lease Start Date _____

Applicant email _____

Other Apartment Occupants: (unrelated occupants must complete separate application)

_____ # Adults; Name and Relationship _____

_____ # Children; Name and Age _____

Residence History:

Current Address: _____
(Unit or Apartment Number) (Street) (City) (State) (Zip)

Landlord Name _____ Landlord Phone# _____ Fax# _____

How Long Rented? _____ Years. Reason Leaving _____

If Owned, Name of Mortgage Co. _____ Phone# _____ Fax# _____

Account No. _____ How Long Owned? _____ Years

Employment (If retired, please provide adequate proof of income, investments, and savings)

Your Status _____ (full time, part time, student, retired, other)

Employer Name _____ Employer Phone# _____ Fax# _____

Employer Address _____

Supervisor Name _____ Current Salary (after tax) \$ _____ per week

Current Total Income (after tax) \$ _____ per week

Bank Reference:

Name _____ City _____ Phone# _____

_____ Fax# _____

Personal Reference: (Do not list relatives or co-workers)

Name _____ City _____ Phone# _____

Name _____ City _____ Phone# _____

Your Social Security No. _____

Your Drivers License No. _____ State _____

Your Vehicle Make/Model/Year _____ License Plate No. _____ State _____

Ever Been Evicted (All occupants)? Yes No Any Outstanding Judgements (All occupants)? Yes No

Any Prior Felony Convictions (All occupants)? Yes No Every File for Bankruptcy (All occupants)? Yes No

I certify that the statements made in this application are true and correct to the best of my knowledge and belief for all occupants of the apartment. I authorize Holliday Real Estate, LLC to verify all information provided on this application.

Signed: _____ Date: _____

If you're currently renting, please complete the Landlord Verification below :

LANDLORD VERIFICATION

FROM: _____
Applicant's Name

TO: _____
Landlord Name

Please verify that as your previous Tenant at

_____ :

	Yes	No
I rented from you from _____ to _____	_____	_____
My last rent was \$ _____ per month	_____	_____
I paid my rent on time	_____	_____
I was a very responsible, quiet Tenant	_____	_____
I took good care of my apartment	_____	_____

If there were any problems, please list them below:

Applicant's Signature: _____

Date: _____

Landlord's Signature: _____

Date: _____

Landlord please complete, sign, date, and return this form to:

Holliday Real Estate, LLC
123 Olde Farm Office Road
Duncansville, PA 16635
Fax: 814-695-7333

EMPLOYER VERIFICATION

FROM: _____
Applicant's Name

TO: _____
Employer Name

Please verify that I am currently and have been employed by your company since _____
and that my current after tax wages are \$ _____ per week. Yes ____ No ____

Applicant's Signature: _____

Date: _____

Employer's Signature: _____

Date: _____

Employer please complete, sign, date, and return this form to:

Holliday Real Estate, LLC
123 Olde Farm Office Road
Duncansville, PA 16635
Fax: 814-695-7333

CREDIT APPLICATION

Please fill out the information below and sign your names. This information will be used to obtain a copy of your credit file.

(Please Print)

Check One:

Individual File: _____

Joint File: _____ (Husband and Wife)

Name: _____	Suffix: _____
Present Address: _____	
_____	Zip Code: _____
_____	How Long There? _____
Previous Address: _____	
_____	Zip Code: _____
Home Telephone No.: (_____) _____	
Social Security Number: _____	
Date of Birth: _____	
Employed By: _____	
Spouse's Full Name: _____	
Social Security Number: _____	
Date of Birth: _____	
Employed By: _____	

I hereby give my permission for **Holliday Real Estate, L.L.C.** to use the above information to obtain a copy of my credit history.

Signature: _____

Date: _____

Signature: _____

Date: _____