

T•H•E
PENNSYLVANIAN



Corporate Rental Application
(Each co-resident must submit separate application)

This information is sought to assure the most responsible residents possible and to assist the management in case of emergencies. Your cooperation is appreciated. (*Applicant agrees to pay Owner a NON-REFUNDABLE PROCESSING FEE in the amount of \$_____ dollars, plus a \$500 deposit. This NON-REFUNDABLE PROCESSING FEE and deposit is in consideration for Owner's taking the apartment off the market while considering approval of this application and for performing administrative work with respect to verifying the information, references and credit records provided herein. If you cancel this Rental Application after 72 hours or notification of your approval, the amount of \$250 (of the \$500 deposit) will be forfeited.

1. Applicant's full name _____
Present home phone _____ Date of Birth _____ Sex _____
2. Permanent Street Address _____ City _____ State _____ Zip _____
3. Marital status (check one) Single Married Divorced Widowed Separated
4. Social Security no. _____ Driver's License no. _____ State _____
5. Present employer _____ Address _____ State _____
Kind of work/title _____ How Long _____ Work phone _____
Monthly Income is over _____ Supervisor's Name _____ Supervisor's Phone _____
6. List name, age, relationship of all persons to be occupying the premises (including children, relatives, and other occupants)
Name _____ Age _____ Relationship _____
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7. In case of emergency, notify _____
Work phone _____ Home phone _____
8. In the event of a serious illness or death of resident, the above person is or is not authorized to enter the apartment and remove all contents
9. In the event of serious illness or injury, contact the following physician _____
City _____ State _____ Phone _____
10. In the event of serious illness or injury of applicant or applicant's guests or occupants, applicant does or does not authorize owner to summon Emergency Medical Service (or its equivalent) at applicant's expense. However, owner shall not be legally obligated to contact physicians or summon EMS (or its equivalent) in the event of serious illness or injury.
11. Other information _____

Correct Information

"I hereby authorize The Pennsylvanian to obtain a consumer report, and other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. **I hereby expressly release The Pennsylvanian, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.**"

Signature of Applicant

Signature of Applicant's Spouse

Date