

# STANDARD RENTAL APPLICATION

*Do Not Leave Any Fields Blank!*

## RENTAL UNIT

Address of Rental Unit \_\_\_\_\_

What Is Your Desired Move In Date? \_\_\_\_\_

Who else will be co-applying with you (name/s)? \_\_\_\_\_

Who else will occupying the unit? (name/relationship)? \_\_\_\_\_

## Personal Information

First - Middle - Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Current Address (street, city/state, zip) \_\_\_\_\_ Move-in date for this address? \_\_\_\_\_

Previous Address (street, city/state, zip) \_\_\_\_\_ How long did you live here? \_\_\_\_\_

Landline Phone # ( ) \_\_\_\_\_ Mobile Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_

### ***If You Currently Rent:***

Current Landlord (Name/Contact person) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current Rent \$ \_\_\_\_\_ / month Have you ever been late on your rent payments? YES ☐ NO ☐ Are you late now? YES ☐ NO ☐

Why Are You Moving? \_\_\_\_\_ Has Notice already been given? YES ☐ NO ☐

Previous Landlord's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ How long at this address? \_\_\_\_\_

Previous Rent \$ \_\_\_\_\_ / month Why did you move? \_\_\_\_\_

Did you give proper Notice when you left? YES ☐ NO ☐ If NO, please explain \_\_\_\_\_

### ***If You Currently Own Your Home:***

Mortgage Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Mortgage Payment \$ \_\_\_\_\_

Have you ever been behind in payments? YES ☐ NO ☐ If YES, please explain \_\_\_\_\_

Why moving? \_\_\_\_\_

## Financial Information / Sources of Income: Are you currently employed? YES ☐ NO ☐

Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Full-Time ☐ Part-Time ☐

Address \_\_\_\_\_ How long employed? \_\_\_\_ Years \_\_\_\_ Months

Person to Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

GROSS Monthly Income \$ \_\_\_\_\_ (Include copies of two (2) recent pay stubs with your application)

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Full-Time ☐ Part-Time ☐

Address \_\_\_\_\_ How long employed there? \_\_\_\_ Years \_\_\_\_ Months

Person to Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

\*\* Do you have other sources of income? (If yes, please provide details and comment on the reliability of these income sources):

\_\_\_\_\_

## Credit References -

List **credit cards** and **current loans (ex. mortgage, automobile)** - if you need more room use a separate sheet of paper:

Description	Account #	Current Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\* If you have no current sources of credit in good standing check here ☐ \*\*\*

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## Personal References

List two (2) un-related references:

Name & Relationship to You	City/State	Phone Number
_____	_____	( ) _____
_____	_____	( ) _____

## Background Information

How long have you lived in the area? \_\_\_\_\_ Length of expected stay? \_\_\_\_\_

1. Do you currently have renters insurance? YES ☐ NO ☐ (Note: Renter's Insurance is required upon move-in)
2. Do you have a waterbed ? YES ☐ NO ☐ If "Yes", do you have insurance on the waterbed ? YES ☐ NO ☐
3. Have you ever been late on a rent or mortgage payment? YES ☐ NO ☐
4. Have you ever broken a lease? YES ☐ NO ☐
5. Have you ever had a judgment entered against you? YES ☐ NO ☐
6. Have you ever had a rental security deposit not returned in full? YES ☐ NO ☐
7. Have you ever been evicted or asked to move out? YES ☐ NO ☐
8. Do you have a history of drug use or related offences? YES ☐ NO ☐
9. Have you ever been convicted of a felony? YES ☐ NO ☐

If Answer is **YES** to any questions number **3 to 9** please explain here \_\_\_\_\_

## Vehicle Information

Vehicle #1 (year, make, model, color) \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_ VIN # \_\_\_\_\_

Vehicle #2 (year, make, model, color) \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_ VIN # \_\_\_\_\_

*Note: Recreational vehicles ( ex. RV's, campers, boats, jet skis, snowmobiles) are not permitted to be stored at the property)*

## Pets

How many pets do you have? \_\_\_\_\_ What Breeds, weights, sizes? \_\_\_\_\_

Neutered? YES ☐ NO ☐ If cat, declawed? YES ☐ NO ☐ Are all pets current with all required shots? YES ☐ NO ☐

## Emergency Contact

Who can/should we contact for you in case of an emergency?

Name & Relationship to You	City/State	Main Phone Number	Other Phone Number
_____	_____	( ) _____	( ) _____

\* \* \* \* \*

**APPLICANT:** By signing below, applicant represent that all information in this application is true and complete under Penalty of Perjury. Applicant hereby authorizes a credit and criminal check, judgment search and verification of references. Applicant understands that if any information is found to be false or misleading the application fee and all deposit money being held by Landlord will not be returned. Applicant further agrees that Landlord may end the lease immediately at any time after move in if it is later determined that any false information has been provided in this application. **Applicant understands that proof of Renter's Insurance naming Steadfast Home Solutions LLC as an "additional insured party" is required at move-in. All properties are NON-SMOKING.**

Name (please print)	Signature	Date
_____	_____	_____

# INSTRUCTIONS

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**INSTRUCTIONS:** Fill out this form completely and mail it (along with processing fee) to the address below:

**Steadfast Home Solutions LLC**

**P.O. Box 603**

**Montgomeryville, PA 18936**

To be considered "fully completed" your application must include:

- **\$45.00 processing fee for each applicant**
- Two most recent pay stubs for each applicant (proof of income for alimony, child support, pension, etc). If self employed, copy of prior year's Federal tax return
- Copies of all applicant driver's licenses
- Copies of applicant's auto insurance card with company name, phone #, policy number and expiration date
- Signed Landlord Verification form (*one for each current and past landlord referenced in application*)
- Signed Employer Verification form (*one for each current and past employer referenced in application*)

Fully completed applications will be processed in the order they are received.

**QUESTIONS:** Call (610) 616-3408 or email us at [pm@steadfastpa.com](mailto:pm@steadfastpa.com)

# LANDLORD VERIFICATION

To: \_\_\_\_\_  
Landlord / Contact Name

I authorize you to provide the information requested below to Steadfast Home Solutions LLC and/or their representatives or agents

From: \_\_\_\_\_  
Applicant Name Signature Date

\*\*\*\*\*

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam

\_\_\_\_\_ has applied to rent one of our rental properties and has provided your name as a current or previous landlord. We would appreciate you taking a few moments to supply us with information requested below. Thank you for your assistance and cooperation.

Sincerely,  
Steadfast Home Solutions LLC

How long has he/she/they rented from you? From \_\_\_\_\_ To \_\_\_\_\_  
Monthly Rent amount: \_\_\_\_\_ Ever pay late? \_\_\_\_\_ How often? \_\_\_\_\_  
Has/Was proper notice given to vacate? \_\_\_\_\_  
Number of people living in Applicant's unit: \_\_\_\_\_  
How many pets? \_\_\_\_\_ What kind? \_\_\_\_\_  
Did they call often for repairs or other concerns? \_\_\_\_\_  
Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Fax Completed Questionnaire to (610) 500-5305 or email to [pm@steadfastpa.com](mailto:pm@steadfastpa.com)

# EMPLOYMENT VERIFICATION

To: \_\_\_\_\_  
Employer / Contact Name

I authorize you to provide the information requested below to Steadfast Home Solutions LLC and/or their representatives or agents

From: \_\_\_\_\_  
Applicant Name Signature Date

\*\*\*\*\*

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam

\_\_\_\_\_ has applied to rent one of our rental properties and has provided your name as a current or previous employer. We would appreciate you taking a few moments to supply us with information requested below. Thank you for your assistance and cooperation.

Sincerely,  
Steadfast Home Solutions LLC

Job Title of Applicant: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Full Time ☐ Part Time ☐ Average # hours per week: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Per Week ☐ Month ☐ Year ☐

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please Fax Completed Questionnaire to (610) 500-5305 or email to [pm@steadfastpa.com](mailto:pm@steadfastpa.com)