

Section 7. Open Credit

Type	City/State	Mo. Payment

Department Stores

Banks and Finance Companies (Do not list credit cards)

Credit Cards

Automobiles

Furniture and Appliances

Section 8. Checking Accounts

Name of Bank/Other	City/State	Account Number

Section 9. Savings Accounts

Name of Bank/Other	City/State	Account Number

Section 10. Please answer the following:

1. Have you ever been denied credit within the last 12 months?
Yes No
2. Have you ever been delinquent in rent more than 60 days?
Yes No
3. Have you been delinquent with any creditor more than 60 days?
Yes No
4. Has any landlord filed an eviction action against you?
Yes No
5. Have you ever been arrested for criminal activity?
Yes No
6. Does your landlord know you are planning to move?
Yes No

Section 11. AUTOMOBILE INFORMATION

Name of Auto: _____ Type: _____ Year: _____
 Plate No.: _____ Drivers Lic. No.: _____

Section 12. PERSONAL IDENTIFICATION INFORMATION

(To prevent the fraudulent use of your name
 ALL INFORMATION HELD IN STRICT CONFIDENCE)

Place of Birth _____ Date _____
 High School Attended _____
 Year Graduated _____ Date Married _____
 College Attended: _____
 Year Graduated _____ Type Degree _____

Section 13. NEAREST RELATIVE

HIM:

Name: _____
 Street Address _____
 City/State/Zip: _____
 Relationship: _____

HER:

Name: _____
 Street Address _____
 City/State/Zip: _____
 Relationship: _____

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RESIDENTIAL Tenant Qualification Application

 (LAST NAME)

 (His First Name) _____
 (Initial) Social Security Number

 (Her First Name) _____
 (Initial) Social Security Number

Each unmarried adult person to occupy the unit shall complete a separate Residential Tenant Qualification Application Form.

LOCATION OF RENTAL UNIT APPLYING

 (Street Address)

City/State/Zip _____

Monthly Rental: \$ _____ Apartment No. _____

Plus utilities checked:

GAS: Heat Cooking Hot Water
 ELECTRIC: Heat Cooking Light Hot Water
 WATER SEWAGE OIL RUBBISH REMOVAL

**ADVANCE FEES AND DEPOSITS
 TO BE PAID BY APPLICANT**

Tenant Qualification Fee: \$ _____
 (Not refundable. Approved, rejected or cancelled.)

Liquidating Damages: \$ _____
 (See Section 2.)

Escrow Deposit: \$ _____

**LIST NAMES OF PERSONS
 TO RESIDE IN RENTAL UNIT**

Adults: (18 years of age and older)

Children: (under 18 years of age)

IMPORTANT NOTICE

Section 1: Read this section carefully before you complete and submit this Residential Tenant Qualification Application for consideration. You must be **qualified as an acceptable tenant** by Landlord Service Bureau, Inc., 12801 Route 30, North Huntingdon, Pa. 15642, a Tenant Qualification Consumer Reporting Agency, who will make an approval or rejection recommendation of entry to the landlord to whom you have applied for a rental unit. By signing this Residential Tenant Qualification Application you authorize Landlord Service Bureau, Inc. to obtain a consumer report on you from any other consumer reporting agency of their choosing, and to share the contents thereof with the landlord to whom you have applied for a rental unit, and to investigate the information contained in this Residential Tenant Qualification Application, and any information obtained as a result of their investigation.

Section 2: You are required to sign a lease agreement within 72 hours from the time you have been notified orally, or in writing, that you have been accepted as a tenant, and pay all sums necessary to execute the lease agreement. TIME BEING OF THE ESSENCE. In the event that you fail to timely enter into a lease agreement, as herein set forth, liquidating damages in the amount of \$_____ shall be prepaid upon signing of this Tenant Qualification application. Upon signing the lease agreement said sum will be deducted from the amount required to be paid.

Section 3: CONSUMER NOTICE FOR TENANTS/THIS IS NOT A CONTRACT (For Pennsylvania Real Estate Licensed Agents only)

_____, a Pennsylvania Real Estate Licensee, hereby states that with respect to this property (A rental unit), I am acting in the following capacity:
 Owner/Landlord of the property A direct employee of the owner/landlord an agent of the owner/landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge I have read this notice:
 _____ Date: _____

I certify that the applicant read the above notice:
 _____ Date: _____

Section 4: I/We agree to all the terms and conditions as set forth in section 1 and 2 above, and submit this Residential Application for consideration, and hold Landlord Service Bureau, Inc. and the landlord harmless for any damage/s I/We may suffer as a result of not being approved by the tenant.

Applicant: _____ Date: _____

Section 1. PRESENT ADDRESS, PRESENT LANDLORD

 (Street Address)

 (City) (State) (Zip Code)
 Phone Number: (_____) _____

Monthly Payment	Date Lease Expires	Time At Address	
		Years:	Months:
\$ _____	_____	_____	_____

PRESENT LANDLORD

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: (_____) _____

Section 2. List Previous Addresses and Landlords

Street Address: _____
 City/State/Zip: _____
 Time at Address: Years: _____ Months: _____ Mo. Pay.: \$ _____
 Landlord: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: (_____) _____

Street Address: _____
 City/State/Zip: _____
 Time at Address: Years: _____ Months: _____ Mo. Pay.: \$ _____
 Landlord: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: (_____) _____

Street Address: _____
 City/State/Zip: _____
 Time at Address: Years: _____ Months: _____ Mo. Pay.: \$ _____
 Landlord: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: (_____) _____

Section 3. PRESENT EMPLOYER

 (Name)

 (City) (State) (Zip)
 Phone Number: (_____) _____

Time on Job		Monthly Gross Pay (Before Reductions)	Monthly Net Pay (After Reductions)
Years:	Months:	\$ _____	\$ _____
_____	_____		

Section 4. SPOUSES EMPLOYER

 (Name)

 (City) (State) (Zip)
 Phone Number: (_____) _____

Time on Job		Monthly Gross Pay (Before Reductions)	Monthly Net Pay (After Reductions)
Years:	Months:	\$ _____	\$ _____
_____	_____		

Section 5. OTHER MONTHLY INCOME

Social Security \$ _____ Date Received: _____
 SSI: \$ _____ Date Received: _____
 Pension: \$ _____ Date Received: _____
 U.E. Comp: \$ _____ When Received: _____
 (weekly, bi-weekly, monthly)
 Workman Comp \$ _____ When Received: _____
 (weekly, bi-weekly, monthly)
 Welfare \$ _____ When Received: _____
 (weekly, bi-weekly, monthly)
 Food Stamps \$ _____ When Received: _____
 (weekly, bi-weekly, monthly)
 Alimony \$ _____ When Received: _____
 (weekly, bi-weekly, monthly)
 Child Support \$ _____ When Received: _____
 (weekly, bi-weekly, monthly)
 Other (Explain) \$ _____ When Received: _____
 (weekly, bi-weekly, monthly)

Section 6. DEPENDENTS AND MARITAL STATUS

Self: Date of Birth: _____ Spouse: Date of Birth: _____
 Number of Dependent Children _____ Total Dependents _____
 Married Unmarried Separated (mark proper box)