

Preferred Realty Management RENTAL APPLICATION

**26 S. Market Street
Elizabethtown, PA 17022
OFFICE: 717-367-0300**

**FAX: 717-367-6714
www.preferredrealty.com
EMAIL: PreferredRltyMgt@aol.com**

Address of Rental Property:	Desired Move in Date:
How did you here about Preferred Realty Mgmt. or this rental unit?	

APPLICANT

APPLICANT'S NAME:		Are you at least 18 years old?	
Home Phone #:	Mobile Phone #:	Work Phone#:	
Social Security #:	Drivers License #:		
ADDRESS:	City:	State:	Zip Code:
Present Rent:	How long have you lived at this address:	Reason for Moving:	
Present Landlord:	Landlord's Phone #:		
Previous Address:			
Previous Landlord:	Landlord's Phone #:		
EMPLOYER:	Position:		
Supervisor:	Phone #:		
Gross Income:	Per:	Length of Employment:	
Previous Employer:			
Gross Income:	Per:	Length of Employment:	
OTHER INCOME:			
In Case of an Emergency, notify:	Phone #:	Relationship:	
Do you Smoke?			
Email Address:			
Do you have any liquid filled furniture (water bed, etc.)?			
Have you ever been convicted of a felony?			
Do you have any history of drug or criminal offenses?			

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EQUAL HOUSING
OPPORTUNITY

OTHER INFORMATION

OTHER OCCUPANT:	Relationship:	Age:		
Other Occupant:	Relationship:	Age:		
Other Occupant:	Relationship:	Age:		
Other Occupant:	Relationship:	Age:		
DO YOU HAVE ANY PETS ?				
Type of Pet, Breed, Weight and Age:				
AUTO MAKE:	Model:	Year:	Color:	License Plate#
Auto Make:	Model:	Year:	Color:	License Plate#
Auto Make:	Model:	Year:	Color:	License Plate#

Please read and sign - Required by State of PA - This is not a contract

CONSUMER NOTICE FOR TENANTS

I, Shari Ulrich and/or Kim Capello (Licensed Agent) hereby states that with respect to All properties managed by or leased through Preferred Realty Management, I am acting in the following capacity: (check one)

- Owner/Landlord of the Property.
 A direct employee of the Owner/Landlord; OR
 An agent of the Owner/Landlord pursuant to the property management or exclusive leasing agreement.

I acknowledge I have received this Notice _____
Consumer (Applicant) Date

_____ Consumer (Applicant) Date

I Certify that I have provided this Notice _____
Shari Ulrich Date
Kim Capello
Licensee Date
Licensee

BY SIGNING BELOW:

1. I agree to pay the \$15.00 per person Application Fee.
2. I agree to provide a copy of my drivers license or State/Federal issued photo identification (copy can be made at rental office).
3. I declare all the information provided on this application to be true and correct.
4. I authorize the release and verification of Employment/Income, Rental History, Nationwide Criminal Background Report, Nationwide Court Eviction Report and a Credit Report.
5. If application is approved, applicant must pay a security deposit in the amount of one month's rent, to secure the rental unit for occupancy. (If the security deposit is not paid, Preferred Realty Mgmt. will continue to market, show and rent the unit.)
6. Upon payment of the security deposit, applicant is agreeing to rent the property and sign a lease agreement within 5 days. If applicant does not move into the property for any reason the total amount paid will be forfeited.

APPLICANT'S SIGNATURE: _____ Date: _____

APPLICANT'S SIGNATURE: _____ Date: _____

RELEASE AUTHORIZATION

APPLICANT:

I hereby authorize the release and verification of any all employment/salary information, consumer credit histories, personal references and any previous rental or mortgage histories to Preferred Realty Management or its agents for the purpose of establishing a rental credit report.

Signature of Applicant _____ Date _____

CO-APPLICANT:

I hereby authorize the release and verification of any all employment/salary information, consumer credit histories, personal references and any previous rental or mortgage histories to Preferred Realty Management or its agents for the purpose of establishing a rental credit report.

Signature of Applicant _____ Date _____

