



1500 MAGEE AVE, PHILADELPHIA, PA 19149  
TEL: 215-535-0898 FAX: 215-535-0950  
HOMELINKPA@USA.COM

## RENTAL APPLICATION

Today's Date \_\_\_\_\_ Date of anticipated move in \_\_\_\_\_  
Property address \_\_\_\_\_  
Monthly rent \_\_\_\_\_ Security deposit \_\_\_\_\_ Pet deposit \_\_\_\_\_

### Applicant

Full name of applicant \_\_\_\_\_  
Present Address \_\_\_\_\_  
Telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_  
D.O.B. \_\_\_\_\_ social security # \_\_\_\_\_ Driver's license \_\_\_\_\_

### Applicant's employment

Name of present employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Date started \_\_\_\_\_ Monthly income \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ phone \_\_\_\_\_  
Name of previous employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Date started \_\_\_\_\_ Monthly income \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ phone \_\_\_\_\_  
Other sources of income \_\_\_\_\_

### Spouse

Full name of spouse \_\_\_\_\_  
Present Address \_\_\_\_\_  
Telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_  
D.O.B. \_\_\_\_\_ social security # \_\_\_\_\_ Driver's license \_\_\_\_\_

### Spouse's employment

Name of present employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Date started \_\_\_\_\_ Monthly income \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ phone \_\_\_\_\_  
Name of previous employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Date started \_\_\_\_\_ Monthly income \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ phone \_\_\_\_\_  
Other sources of income \_\_\_\_\_

### Present Landlord or mortgage company

Present Landlord or mortgage company \_\_\_\_\_  
Telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Monthly rent or mortgage payment \_\_\_\_\_ Date of move-in \_\_\_\_\_ Date of move-out \_\_\_\_\_

**Previous Landlord or mortgage company**

Previous Landlord or mortgage company \_\_\_\_\_  
Telephone number (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Monthly rent or mortgage payment \_\_\_\_\_ Date of move-in \_\_\_\_\_ Date of move-out \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ phone \_\_\_\_\_  
Address \_\_\_\_\_

**Emergency**

In case of emergency contact \_\_\_\_\_  
Relationship \_\_\_\_\_ phone \_\_\_\_\_

**Occupants**

List all occupants \_\_\_\_\_

**Pets**

List any pets: type \_\_\_\_\_ breed \_\_\_\_\_ weight \_\_\_\_\_ age \_\_\_\_\_  
List any pets: type \_\_\_\_\_ breed \_\_\_\_\_ weight \_\_\_\_\_ age \_\_\_\_\_

**Vehicles**

List vehicles to be parked at premises: \_\_\_\_\_  
make model year  
\_\_\_\_\_ make model year  
\_\_\_\_\_ make model year

**Credit/Criminal History**

Bank name \_\_\_\_\_ phone \_\_\_\_\_  
Address \_\_\_\_\_  
Checking account number \_\_\_\_\_

List all credit obligations with minimum monthly payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of the occupants listed above ever been: convicted of a felony? \_\_\_\_\_ received deferred adjudication for a felony? \_\_\_\_\_ been evicted? \_\_\_\_\_ broken a lease? \_\_\_\_\_ declared bankruptcy? \_\_\_\_\_

The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes the National Association of Independent Landlords to verify all of the information in this application and obtain credit reports on the above listed applicant and/or applicant's. If applicant or applicant's spouse has given any false information Landlord is entitled to reject the application, and retain all application fees as liquidated damages for Landlord's time and expenses in processing this application. Applicant shall give Landlord a nonrefundable application fee in the amount of \$ \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Signature of Landlord or Landlord's agent \_\_\_\_\_ Date \_\_\_\_\_