



RENTAL APPLICATION

315 South Allen Street, State College, PA 16801

Phone: 814-238-0741 Fax: 814-238-8435

rent@atlas-rmc.com

CONSUMER NOTICE (THIS IS NOT A CONTRACT) Mary Woodring/Susan Neff hereby state that with respect to the property, I am acting as an agent of the owner pursuant to a Property Management Agreement.

I certify that I have provided this notice. _____ Date



Signature of Consumer

How did you hear about us? Newspaper Friends/Family Internet Radio Other _____

For Office Use Only

Apt. #	Monthly Rental:	Term:
Commencing Date:		Terminating Date:

Name:	Date of Birth:
Social Security #	Number of Occupants:
Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married	If Married, Spouse Name:
Present Address:	Phone #
Present Landlord:	Phone #
Previous Landlord:	Phone #
Name of Emergency Contact:	
Address:	Phone #

CREDIT INFORMATION:

Account Name:	Account #
Address:	Phone #
Account Name:	Account #
Address:	Phone #

BANK:

(Checking) Name:	Account #
Address:	
(Savings) Name:	Account #
Address:	

Occupation:	Position:
If Grad Student: (Department)	(Advisor)
Employer:	Salary:
Business Address/Phone #	
Name of Supervisor:	How Long Employed:

IF NOT EMPLOYED, HOW WILL RENT BE PAID?

PREVIOUS EMPLOYMENT:

Occupation:	Position:
Employer:	Salary:
Business Address/Phone #	
Name of Supervisor:	How Many Years:

Applicant Name:


Have you ever been convicted of a crime?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a summary offense, felony, misdemeanor or check all boxes that apply to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Misdemeanor	
	Summary	Felony		
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will You need Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No					
VEHICLE INFORMATION:					
Make	Model	Color	Year	License Plate #	State

<i>For Office Use Only</i>				
Screening	Initial	Date	Result	NOTES: _____ _____ _____
Credit			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Criminal			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Meghan's Law			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Rental History			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

<i>For Office Use Only</i>	
Amount of Security Deposit:	Date Approved:
Application Taken By:	Application Approved By:
Credit Check Fee:	

*I certify that the statements I have made are true and correct. I understand that the above information is being collected to determine my eligibility. I authorize the Agent or its representatives to verify all information provided on this application and to contact previous or current landlords or other sources for criminal check, credit check and verification information, which may be released to appropriate federal, state or local agencies. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I agree and understand that in the event this application is accepted by the agent or owner within a reasonable time, I agree to execute a lease tendered to me. **If I fail or refuse to execute a tendered lease, the security deposit may be retained by the agent or owner as liquidated damages.** I certify that if selected to move into this project, the unit I occupy will be my only residence. I understand that a \$25.00 processing fee must accompany this application which is non-refundable even if my application is rejected. I further understand that false statements or information are punishable under federal law and may be grounds for rejection of this application or grounds for eviction.*

 _____
(Applicant Signature)

(Date)

(Agent)