



# Arbors Management Inc.



4156 Library Road, Pittsburgh, PA 15234

800-610-2535 // 888-812-6607(fax)

## APPLICATION

### Applicant

Applicant Name

Address

City State Zip Years there

Social Security Number Date of Birth

Home Phone Mobile Phone

Personal Email Address

Driver's License Number State

Present Landlord/ Mort. Co. Phone

Applicant Previous Address

City State Zip Years there

Previous Landlord/Mort. Co. Phone

Employer Position

Income Business Phone

(Include all income: i.e. employment, child support, social security, interest, etc.)

Business Email Address

Business Address

City State Zip Years there

Other Information:

Vehicle Make

License Plate # State

### Co-Applicant (Partner, Spouse, Guarantor)

Co-Applicant Name

Address

City State Zip Years there

Social Security Number Date of Birth

Home Phone Mobile Phone

Personal Email Address

Driver's License Number State

Present Landlord/ Mort. Co. Phone

Co-Applicant Previous Address

City State Zip Years there

Previous Landlord/Mort. Co. Phone

Employer Position

Income Business Phone

(Include all income: i.e. employment, child support, social security, interest, etc.)

Business Email Address

Business Address

City State Zip Years there

Vehicle Make

License Plate # State

By checking this box you are giving permission for us to obtain a credit report, verify current/previous landlord, and/or confirm the information provided in this application

Applicant

Co-Applicant

Person to Notify in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Any Additional Information \_\_\_\_\_

	<u>Applicant</u>		<u>Co-Applicant</u>	
Have you ever filed for bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been charged with a criminal offense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any judgements or legal actions against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been evicted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**EXPLANATION**

**Arbors Management Inc. and its Agents are agents for the Owner/Landlord only.**

What property are you interested in? \_\_\_\_\_

What agent are you working with? \_\_\_\_\_

# of Occupants not signing lease \_\_\_\_\_

Name	Name	Name	Name
<b>Any pets?</b>	List type/breed/ and weight:	_____	_____
	List type/breed/ and weight:	_____	_____
	List type/breed/ and weight:	_____	_____

**ADDITIONAL INFORMATION**

The applicant herein agrees to authorize a credit investigation and understands that the CHARGE FOR SAID INVESTIGATION IS NON-REFUNDABLE. An ADVANCE DEPOSIT WILL RESERVE THE UNIT. Applicant(s) shall forfeit the ADVANCE DEPOSIT of \$\_\_\_\_\_ under the following conditions: Either Applicant(s) cancel the application or failure of the Applicant(s) to enter into a Lease Agreement upon acceptance of the Lessor. Arbors Management Inc. will not be held liable for any rental unit not delivered on the due date of occupancy. In the event the Applicant(s) are not accepted as Tenant(s), the ADVANCE DEPOSIT WILL BE REFUNDED BY MAIL.

Applicant	_____	Date	_____	Co-Applicant	_____	Date	_____
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**OFFICE USE ONLY**

Address of Rental	_____	Estimated Occupancy	_____
Price of Rental	_____	Advance Deposit Received	_____
Agent	_____	Investigation Fee Received	_____

**ARBORS AGENT VERIFICATION**

Landlord	_____	Previous Landlord	_____	Income	_____
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