



Arbors Management Inc.



1670 Golden Mile Highway Rt. 286 Monroeville, PA 15146

412-246-9209 // 412-246-9209 (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

Any pets?

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

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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