RENTAL APPLICATION FOR REPRESENTED LANDLORDS

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).

The following box should be completed **only** when the real estate licensee represents the landlord, is a direct employee of the land-

lord or owns the property. This box **should not** be completed when licensee is subagent for the landlord, a tenant agent or is a transaction licensee. If it should not be completed the full Consumer Notice should be completed and the applicant should proceed to the

4 section below this box.

5 6		CONSUMER NOTICE FOR THIS IS NOT A CO.					
7		, I a	states that with respect to this property (describe property) am acting in the following capacity: (check one)				
9 10 11	☐ (i) Owner/Landlord of the Prop☐ (ii) A direct employee of the Ov☐ (iii) An agent of the Owner/Land	oerty; wner/Landlord; OR	management or exclusive leasing agreement.				
12 13	I acknowledge that I have received this Noti Date:	ge that I have received this Notice: Print (Consumer) Signed (Consumer)					
14 15 16	Pri I certify that I have provided this Notice:	(Licensee)	Signed (Consumer)				
- U		(Littiset)	(Date)				
17		Broker/Licensee for	Landlord				
18 19			Licensee(s) (Name)				
20 21	Company Address		Direct Phone(s) Cell Phone(s)				
22 23	Company Phone Company Fax		Fax Email				
24	Broker/Licensee for Tenant						
25 26			Licensee(s) (Name)				
27 28	Company Address		Direct Phone(s) Cell Phone(s)				
29 30	Company Phone Company Fax		Fax Email				
31	Property I		ted by Broker for Landlord)				
32	Address		Term				
34	Application Fee (non-refundable) \$		Application Deposit \$				
35 36	Monthly Rent \$ First Month's Rent \$		Security Deposit \$ Last Month's Rent \$				
37	Are pets permitted? (\square Yes) (\square No) Ma	ay be subject to review.	Pet Rent \$				
38	Non-refundable Pet Fee \$		Pet Rent \$\$				
39 40	Tenant Pays						
41	Rent and Security Deposit checks will be wi	ritten separately.					
42	How did you hear about the property?						
10	Amalianus In Maria						
43	Applicant's Initials	RARL Page 1 of	· 4				

Pennsylvania Association of REALTORS®

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l .	Provide at least two year	rs of history. Attach	additional shee	ets if more space is	needed.			
	The individual listed bel	ow is $a(n)$: $(\Box$	Applicant) ([☐ Co-signer)				
	Full Name							
	Home Phone			Work Phone	· _			
	Cell Phone							
	Present Address & ZIP							
	From	То	Rent/Mort	gage \$	/mo. ([Own) (Rent)	$(\Box \ ($
	Landlord/Mortgage (Co. Name & Phone		<i></i>		/ (_ ,	\ <u> </u>
	Previous Address & ZIP)						
	From	To	Rent/Mort	gage \$	/mo_([Own) (Rent)	((
	Landlord/Mortgage (Co. Name & Phone	Renumer	5α50 ψ	/IIIO. (E	_ Own) (Kent)	(
	Is Applicant at least 18	veers old? (\Bar Veers old?	V_{es} (\square No)					
	Are you applying with a				tion must be co	mpleted for a	ach annlice	ant/co-
							асп арриса	and co-
	Name			_ (Applicant	$(\Box Co-sign$	gner)		
	Name			_ (Applicant) (gner)		
	Name			_ (Applicant) (\(\subseteq \text{Co-sign} \)	gner)		
	Name			(□ Applicant) (\square Co-sign	gner)		
	Will anyone else be occu							
	Include the full name of					y.		
	Name			_ \ \ \ \ 18 or olde	er			
	Name			_ □ 18 or olde	er			
	Name			_ □ 18 or olde	er			
	Name				er			
	☐ Check here if addit			_				
	Supervisor Gross Income: \$ Previous Employer Employed From City/State Supervisor Gross Income: \$ Proof of income att	To	/mo. OR \$	/hr.,	for hr Phone Position	s. per week	(on average	e)
3.	OTHER INCOME USI Alimony, child support, as a basis for paying this Source	ED FOR MONTHI or separate mainter s obligation.	LY EXPENSES ance income no	eed not be revealed	Source		Amo	ount
	☐ Check here if addit							
4.	BANK ACCOUNT INI Bank Nan	me		Account Type	\$ _ \$ _	Balar		_
								_
					S			
	☐ Check here if addit	tional information	is attached		\$ _			

	MONTHLY PAYMENTS Lender Name	Loan Type	Balance Du \$ \$	e Monthly Payment \$ \$ \$			
	☐ Check here if additional information is att	ached	\$ \$	\$			
6.	VEHICLE Include any cars, trucks, vans, motorcycles, traile Make/Model	Year	Color	License Plate/State			
	☐ Check here if additional information is att						
7.	PETS Does any Applicant or Occupant own any pets?			<i>1</i> .			
	Type (Cat, dog, etc.)	Pet 2	Pet 3				
	Breed						
	XX7 . 1 . 1 . 4						
	Candan						
8.	OTHER INFORMATION						
	Yes) (☐ No) Have you ever declared bankı	ruptcy or suffered forec	losure?				
<i>(</i> –	If yes, list any payments:						
	Yes) (☐ No) Have you ever defaulted on y Yes) (☐ No) Have you been evicted or sue		nages to leased property?				
([Yes) (No) Have you ever refused to pay	rent for any reason?					
	Yes) (No) Have you ever been convicted						
(_	☐ Yes) (☐ No) Since January 1, 1998, Have you been obligated to pay support under any order(s) of record? If yes: County Domestic Relations File or Docket Number:						
	Amount Are you delinquent?						
	Amount	Are y	ou demiquent:				
If y	Amount	Are y	ou definquent:				
If y	Amount	Are y	ou demiquent:				
If y	Amount	please explain:	ou demiquent:				
	Amount you answered "yes" to any of the above questions, Check here if additional information is attach	please explain:	ou demiquent:				
	Amount	please explain:					
 9.	Amount	please explain: ned as it is shown unless o	therwise agreed to in wri	ting.			
 9.	Amount	please explain: Are y please it is shown unless o and will not be applie	therwise agreed to in wri	ting.			
 9.	Amount	please explain: as it is shown unless of and will not be applied approved. Applicant	therwise agreed to in wri	ting. financial obligations should is paid in consideration o			
9.	Amount	Are y please explain: ned as it is shown unless of and will not be applied approved. Applicant rification of the information	therwise agreed to in writed towards rent or other agrees that this sum	ting. financial obligations should is paid in consideration o			
9. 10.	Amount	Are y please explain: ned as it is shown unless of and will not be applied approved. Applicant rification of the information	therwise agreed to in writed towards rent or other agrees that this sum ation stated in the applica	ting. financial obligations should is paid in consideration of ation.			
9. 10.	Amount	Are y please explain: ned as it is shown unless of and will not be applied approved. Applicant rification of the information	therwise agreed to in writed towards rent or other agrees that this sum ation stated in the applicaces. SES serves the right to remove osit shall be refunded to	ting. financial obligations should is paid in consideration of ation. The property from the available Applicant. If this Application			
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9. 10.	Amount	Are y please explain: ned as it is shown unless of and will not be applied approved. Applicant rification of the information of the information of the information of the Application Depty, Landlord shall be entered, the Application Depty, Landlord shall be entered to the Pennsylvania Sta	therwise agreed to in writed towards rent or other agrees that this sum ation stated in the applicance. SES serves the right to remove osit shall be refunded to atitled to retain the Applicance to as "Megan's Law teed sex offenders. Potente Police for information.	ting. financial obligations should is paid in consideration oution. The property from the available Applicant. If this Application cation Deposit. The property from the available Applicant of the property from the available Applicant. If this Application cation Deposit. The property from the available Applicant of the presence o			

Applicant's Initials _____

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	Ap	plicant name
150 151 152 153 154 155 156 157 158 159	13.	NOTICE TO PERSONS OFFERING TO SELL OR RENT HOUSING IN PENNSYLVANIA Federal and state laws make it illegal for Landlord, Broker, or anyone to use RACE, COLOR, RELIGION or RELIGIOUS CREED, SEX, DISABILITY (physical or mental), FAMILIAL STATUS (children under 18 years of age), AGE (40 or older), NATIONAL ORIGIN, USE OR HANDLING/TRAINING OF SUPPORT OR GUIDE ANIMALS, or the FACT OR RELATIONSHIP OR ASSOCIATION TO AN INDIVIDUAL KNOWN TO HAVE A DISABILITY as reasons for refusing to sell, show, or rent properties, loan money, or set deposit amounts, or as reasons for any decision relating to the sale of property. The municipality in which the Property is located may have enacted an ordinance or other law that extends the protections for access to housing to additional classes of individuals, such as gay, lesbian, bisexual and transgender individuals and couples. Broker and Landlord are advised to check with your local municipality, representative from the Pennsylvania Human Relations Commission, or your own attorney for further guidance.
160 161 162 163 164 165 166 167 168 169 170	14.	FAIR CREDIT REPORTING ACT If the Landlord or Broker denies your application based in whole or in part on any information contained in the consumer report authorized by paragraph 16 of this Application, the Landlord or Broker must provide you with oral, written or electronic notice of the denial, and must provide to you: (1) the name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency if the agency compiles and maintains files on consumers on a nationwide basis) that furnished the report, (2) a statement that the consumer reporting agency did not make the decision to deny the application and is unable to provide you with the specific reasons why your application was denied, (3) a numerical credit score, the range of possible credit scores under the model used, up to four of the key factors that led to the denial, and the date the credit score was created (4) information about how to obtain a free copy of your consumer report from the consumer reporting agency, and (5) information about how to dispute the accuracy or completeness of any information in a consumer report furnished by the agency. If the Landlord or Broker denies your application because of information from a person other than a credit reporting agency (for example, an employer or prior landlord), the Landlord or Broker must provide you with notice about your right to make a written request to discover the nature of that information.
172 173 174 175 176 177	15.	SPECIAL CLAUSES (A) The following are part of this Application if checked: Advanced Payment Addendum (PAR Form APA) Additional Terms:
179 180 181 182 183 184 185 186 187 188	16.	AUTHORIZATION By initialing below, Applicant provides the described authorization. Applicant authorizes Landlord or Broker for Landlord to obtain any information deemed necessary to evaluate this Application. This information may include, but is not limited to, credit reports, criminal history, judgments of record, rental history, verification of employment and salary, employment history, vehicle records, and licensing records. Broker for Landlord may report to Landlord any information obtained by Broker for Landlord for evaluation of the Application. Applicant acknowledges that if applicant presents false or incomplete information Landlord may reject this Application. Applicant understands that giving false or incomplete information may result in forfeiture of any payments made in connection with this Rental Application.
190 191 192 193 194 195 196 197		Applicant authorizes the Broker for Owner to contact the Applicant directly. Applicant agrees that Broker(s), his/her agent(s) and/or employee(s) may provide Applicant's social security number, individual taxpayer identification number, driver's license information and date of birth to lenders, title agencies, credit reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining the existence of domestic liens, or for obtaining a criminal background report (for prospective tenants only). Applicant understands that Brokers have no control over the use of any information after it is disclosed to a third party and agrees to release and hold Brokers harmless from any and all liability for any misuse or subsequent disclosure by any third party of the information or reports disclosed by Broker pursuant to the terms of this authorization.
199		For Tenant Identification Purposes Only
200	So	cial Security Number/ITIN Date of Birth
201		river's License/Government ID Number Driver's License State
202	Ιŀ	HAVE READ AND AGREE TO THE PROVISIONS AS STATED.
203	AI	PPLICANT SIGNATURE DATE

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APPLICANT NAME _____ DATE ____