

RENTAL APPLICATION

PLEASE NOTE:

Aspen Woods
1005 Aspen Woods Lane, Suite 1
Johnstown, PA 15904
Phone: (814) 266-2011 ~ Fax: (814) 961-2492
www.aspen-woods.net

- Each adult (18 or older) must fill out a separate application.
- There is a **NON-REFUNDABLE** processing fee of **\$35.00 PER ADULT to apply.**
- Your application will not be processed until the \$35.00 fee has been paid and **all information on this application is complete.**

Consumer Notice: I, Serena Toth, state that with respect to this property, I am acting as an agent of the owner pursuant to a property management agreement.



I certify that I have provided this notice/Serena Toth

DATE

APPLICANT SIGNATURE: I acknowledge that I have received this notice.

DATE

REQUESTED APARTMENT SIZE:

1 BR 1 1/2 bath 2 BR 2 1/2 bath 2BR SUITE 3 BR STRAIGHT 3BR LARGE 3 BR SUITE 4 BR

REQUESTED DATE OF MOVE IN:

SPECIAL REQUEST(S) IF ANY:

APPLICANT INFORMATION

<u>FIRST NAME</u>	<u>M.I.</u>	<u>LAST</u>	<u>S.S #</u>
<u>DATE OF BIRTH</u>	<u>MARITAL STATUS</u>	<u>DRIVERS LICENSE#</u>	<u>STATE</u>
<u>CELL PHONE</u>	<u>HOME PHONE</u>	<u>WORK PHONE</u>	<u>EMAIL</u>

CURRENT ADDRESS

<u>STREET ADDRESS</u>	<u>CITY/STATE/ZIP</u>	
<u>LENGTH OF TIME</u>	<u>PRESENT LANDLORD</u>	<u>LANDLORD PHONE</u>
<u>REASON FOR LEAVING</u>	<u>AMOUNT OF RENT</u> \$	Is your current rent paid up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, explain:

PREVIOUS ADDRESS - A MINIMUM OF A 3-YEAR ADDRESS HISTORY MUST BE PROVIDED

<u>STREET ADDRESS</u>	<u>CITY/STATE/ZIP</u>	
<u>LENGTH OF TIME</u>	<u>PREVIOUS LANDLORD</u>	<u>LANDLORD PHONE</u>
<u>REASON FOR LEAVING</u>	<u>AMOUNT OF RENT</u> \$	Was your rent paid up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you leave owing money for rent or damages? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you break the lease? <input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS ADDRESS - A MINIMUM OF A 3-YEAR ADDRESS HISTORY MUST BE PROVIDED

<u>STREET ADDRESS</u>	<u>CITY/STATE/ZIP</u>	
<u>LENGTH OF TIME</u>	<u>PREVIOUS LANDLORD</u>	<u>LANDLORD PHONE</u>
<u>REASON FOR LEAVING</u>	<u>AMOUNT OF RENT</u> \$	Was your rent paid up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you leave owing money for rent or damages? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you break the lease? <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER OCCUPANTS (OVER 18 years of age)

NAME	RELATIONSHIP

OTHER OCCUPANTS (UNDER 18 years of age)

NAME	DATE OF BIRTH

VEHICLE(S) INFORMATION					
Make	Model	Color	Year	License Plate	State

EMPLOYMENT		
<u>CURRENT EMPLOYER</u>	<u>OCCUPATION</u>	<u>HOURS PER WEEK</u>
<u>SUPERVISOR</u>	<u>PHONE</u>	<u>YEARS EMPLOYED</u>
<u>ADDRESS</u>		<u>CITY/STATE/ZIP</u>

INCOME		
<u>CURRENT INCOME</u> \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	<u>SOURCE</u>
<u>CURRENT INCOME</u> \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	<u>SOURCE</u>

SCREENING - Please carefully read each question before answering.

1. Are you subject to registration under a sex offender registration program ? YES NO

2. Have you ever lived in any other state besides Pennsylvania? YES NO
If yes, please list all states in which you have resided:

3. Have you **EVER** (includes under age 18) been charged of **any crime(s)** other than traffic violations? YES NO
If yes, (list offenses and dates):

4. Are you a citizen or national of the United States? YES NO
If no, please list your Admission Number (11 digit number found on DHS form I-94, Departure Record):

Have you ever lived here before? YES NO **If yes, which unit did you live in and when?**

How did you hear about us? Newspaper Billboard Relatives / Friends
 Current/Past Tenants Internet Other:

AGREEMENT AND AUTHORIZATION SIGNATURE

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 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

OFFICE USE ONLY			
Screening	Initial	Date	Result
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

NOTES:

