MORRIS PROPERTIES

231 Rear East Main Street Shiremanstown, Pennsylvania 17011 (717) 761-3444

Position____

Rental Application	1
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FOR OFFICE USE ONLY							
DATE							
PROPERTY							
	RENT \$						
AGENT							

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments. Date of Application _____ Desired Date of Occupancy _____ Type and Size of Apartment Wanted (No. of Bedrooms, etc.)_____ PERSONAL INFORMATION APPLICANT'S FULL NAME _____ _____ Date of Birth _____ Social Security No. ______ Driver's License No./State _____ CO-APPLICANT'S FULL NAME _____ ______Date of Birth_____ Social Security No. _____ Driver's License No./State ______ Relationship _____ Full Names of All Other Residents: Relationship to You Date of Birth How Many Pets Do You or Other Occupants Own?_____ Kind of Pet, Breed, Weight and Age How Did You Hear About Our Property?_ **RESIDENCE HISTORY** PRESENT ADDRESS _____ Present Telephone_____ ______ Dates From: ______ To: _____ Present Landlord or Mortgage Co. Telephone ____ Monthly Payment \$_____Reason for Moving _____ PREVIOUS ADDRESS _____ Dates From: ____ _____To: ____ Previous Landlord or Mortgage Co. Telephone _____ Monthly Payment \$ _____ Reason for Moving _____ **EMPLOYMENT INFORMATION** PRESENT EMPLOYER ______ Dates From:_____ To:______ Employer's Address ______Telephone ______Telephone Position____ ______Supervisor______Gross Monthly Salary \$_____ PREVIOUS EMPLOYER _____ ______ Dates From: _____ To: _____ Employer's Address _____ ______Telephone _____ Position _____ Supervisor_____ CO-APPLICANT'S EMPLOYER ______ Dates From: _____ To: ______ To: _____ Employer's Address ______

Telephone ___

_____ Supervisor_____ Gross Monthly Salary \$_____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH		T	Telephone				
Checking Acct. No		S	Savings Acct. No.				
Loan Acct. No.		N	_Monthly Payment \$				
CREDIT REFERENCE		Т	Telephone				
Address		A	Account No				
CREDIT REFERENCE	_	Т	Telephone				
Address		A	Account No				
OTHER REFERENCE							
Address							
	OTHER	NEODIA	TON				
TOTAL NUMBER OF VEHICLES (INFORMAT			•		
TOTAL NUMBER OF VEHICLES (III							
	xe/Model Year Color xe/Model Year Color						
Other Car, Motorcycle, etc			- -				
Total Gross Monthly Household In	ncome \$	-					
If there are other sources of income you contact for confirmation. You do NOT have							
			Telephone Telephone				
Comments:	*						
HAVE YOU OR CO-APPLICANT E Been evicted or asked to move ou Been sued for damage to rental p In Case of Personal Emergency, N	ut? □ Yes □ No Property? □ Yes □ N	Broken a lo Declared	Rental Agreem I Bankruptcy?	ent or Lease? ☐ Yes ☐ Yes ☐ No			
Address	Home Ph	one		Work Phone	ta existence		
I hereby make application for an apartmen information is correct. I authorize you to c references that I have listed. I also author consumer credit report from your credit re which will appear as an inquiry on my file.	nt and certify that this ontact any ize you to obtain my eporting agency.	CO-APPLICAN	۱T				
	FOR OFFICE USE ON						
Date Application Received		Rece	\ <u>-</u>	- • • •			
REFERENCE VERIFICATION	REMARKS		RECORD OF PAYMENTS RECEIVED				
☐ Present Landlord			Date	Description	Amou	ınt	
□ Previous Landlord	· 			 			
□ Employment				<u>-</u>			
☐ Previous Employ.					<u> </u>		
☐ Co-Applicant Employ.				<u></u>	<u> </u>		
□ Bank	<u> </u>		THIS APPLIC	ATION: Approved	☐ Not App	roved	
☐ Credit (1)							
□ Credit (2)	``		Ву				
□ Credit (3)			Assigned to Apt. NoRent \$ Apartment Address				
□ Other		·	Applicant Notified By				
			Anticipated Move-In Date				