**Section 7.** OPEN CREDIT

| Department Store | City/State | Account Number | Mo. Pay. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Banks and Finance Companies. (Do not list credit cards)**

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Automobile Financed**

| | | | |
|---|---|---|---|
| | | | |
| | | | |

**Furniture and Appliance Stores**

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Other Monthly Payments** (Auto Ins., Life Ins., Clothing Stores, etc.)

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Credit Cards**

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Section 8.** CHECKING ACCOUNTS

| Bank, Cr. Un., etc. | City/State | Account Number | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Section 9.** SAVINGS ACCOUNTS

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Section 10.** PAID CREDIT

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Section 11.** Please answer the following:

1. Have you been denied credit within the past 12 months?
   Yes ❑ No ❑
2. Have you been delinquent in rent more than 30 days?
   Yes ❑ No ❑
3. Have you been delinquent with any creditor more than 60 days?
   Yes ❑ No ❑
4. Has any landlord filed an eviction action against you?
   Yes ❑ No ❑
5. Have you ever been arrested for criminal activity?
   Yes ❑ No ❑
6. Does your landlord know you are planning to move?
   Yes ❑ No ❑

**Section 12.** AUTOMOBILE INFORMATION

Name of Auto:_____ Type:_____ Year:_____

Plate No.: _____ Drivers Lic. No.:_____

**Section 13.** PERSONAL IDENTIFICATION INFORMATION

*(To prevent the fraudulent use of your name.*
*ALL INFORMATION HELD IN STRICT CONFIDENCE.)*

Place of Birth: _____ Date:_____

High School Attended: _____

Year Graduated:_____ Date Married:_____

College Attended: _____

Year Graduated: _____ Type Degree:_____

**Section 14.** NEAREST RELATIVE

HIM:

Name: _____

Street Address:_____

City/State/Zip: _____

Relationship:_____

HER:

Name: _____

Street Address:_____

City/State/Zip: _____

Relationship:_____

Tenant Qualification Reports are drawn from the
LANDLORD SERVICE BUREAU, INC.
12801 Route 30, 2nd Floor
North Huntingdon, Pennsylvania 15642



# RESIDENTIAL Tenant Qualification Application

4/98

_____
(LAST NAME)

_____ _____ _____
(His First Name) (Initial) Social Security Number

_____ _____ _____
(Her First Name) (Initial) Social Security Number

Each unmarried adult person to occupy the unit shall complete a separate Residential Tenant Qualification Application Form.

## LOCATION OF RENTAL UNIT APPLYING

_____
(Street Address)

City/State/Zip: _____

Monthly Rental: $ _____ Apartment No._____

Plus Utilities checked:

**GAS:** Heat ❑ Cooking ❑ Hot Water ❑

**ELECTRIC:** Heat ❑ Cooking ❑ Light ❑ Hot Water ❑

**WATER** ❑ **SEWAGE** ❑ **OIL** ❑ **RUBBISH REMOVAL** ❑

OTHER _____

## ADVANCE FEES AND DEPOSITS TO BE PAID BY APPLICANT

Tenant Qualification Fee: $_____.
*(Not refundable. Approved, rejected, or cancelled.)*

Escrow Deposit: $_____.

## LIST NAMES OF PERSONS TO RESIDE IN RENTAL UNIT

Adults: (18 years of age and older)

_____ _____

_____ _____

Children: (under 18 years of age)

_____ _____

_____ _____

## IMPORTANT NOTICE

**Section: I**

Read this section carefully **before** you complete and submit this Residential Tenant Qualification Application. You understand you **must be qualified** as an **acceptable tenant before a lease agreement is signed by you and the landlord.** Before you are accepted as an applicant you agree the landlord may:

(1) Investigate the information you give in this Residential Tenant Qualification Application.

(2) Investigate any other information learned from the investigation of this application.

(3) Determine if you were ever arrested for any criminal activity.

(4) Determine if there were police calls to quell disturbances caused by you and/or guest.

(5) Obtain a credit report to determine your credit payment history. Delinquent credit history may be a cause for non-approval.

(6) All wages and income must be verified.

(7) Present and previous landlords must be verified and to determine promptness of rental payments, housekeeping habits and damage caused by you, your family, guest and invitees and any other lease violations.

**Section: II Other Considerations**

(a) You do not have any pets and must have written consent of landlord **before** any pet is brought into rental unit.

(b) Upon being notified that you have been accepted as a tenant you are required to sign a lease agreement within **48 hours from the date of notification.** Failure to do so shall terminate landlord's duty to conclude a lease agreement with you.

(c) Escrow Deposit and rents due must be paid in full at time of signing lease agreement.

I/we agree and accept all of the conditions in Section I and II and submit this Residential Tenant Qualification Application for consideration.

Accepted by:

Applicant _____

Date _____

Applicant _____

Date _____

## Section 1. PRESENT ADDRESS

_____
(Street Address)

_____ _____ _____
(City) (State) (Zip Code)

Phone Number: _____

| Monthly Payment | Date Lease Expires | Time At Address | |
|---|---|---|---|
| | | Years: | Months: |
| $ | | | |

### PRESENT LANDLORD

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

## Section 2. List Previous Addresses and Landlords (last 5 years)

Street Address: _____

City/State/Zip: _____

Time at Address: Years: _____ Months: _____ Mo. Pay.: $ _____

**Landlord:** _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Street Address: _____

City/State/Zip: _____

Time at Address: Years: _____ Months: _____ Mo. Pay.: $ _____

**Landlord:** _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Street Address: _____

City/State/Zip: _____

Time at Address: Years: _____ Months: _____ Mo. Pay.: $ _____

**Landlord:** _____

Street Address: _____

City/State/Zip: _____

Phone: _____

## Section 3. PRESENT EMPLOYER

_____
(Name)

_____ _____ _____
(City) (State) (Zip Code)

Phone Number _____

| Time on Job | | Department | Occupation | |
|---|---|---|---|---|
| Years: | Months: | | | |
| | | | | |
| Gross Pay Monthly | | Net Pay Monthly | Are you laid off? | |
| $ | | $ | Yes | No |

## Section 4. SPOUSES EMPLOYER

_____
(Name)

_____ _____ _____
(City) (State) (Zip Code)

Phone Number _____

| Time on Job | | Department | Occupation | |
|---|---|---|---|---|
| Years: | Months: | | | |
| | | | | |
| Gross Pay Monthly | | Net Pay Monthly | Are you laid off? | |
| $ | | $ | Yes | No |

## Section 5. OTHER MONTHLY INCOME

Social Security $ _____ Date receive _____

SSI $ _____ Date receive _____

Pension $ _____ Date receive _____

U.E. Comp. $ _____ When receive _____
(weekly, bi-weekly, monthly)

Workman Comp. $ _____ Date receive _____

Welfare $ _____ When receive _____
(weekly, bi-weekly, monthly)

Food Stamps $ _____ When receive _____
(weekly, bi-weekly, monthly)

Alimony $ _____ Date receive _____

Child Support $ _____ Date receive _____

Other: Explain $ _____ When receive _____

## Section 6. DEPENDENTS AND MARITAL STATUS

Self: Age _____ Wife: Age _____

Number of Dependent Children: _____ Total Dependents: _____

Married ☐ Unmarried ☐ Separated ☐ (check proper box)