



PO Box 10  
Sadsburyville, PA 19369  
610-857-0800

**Today's Date:** \_\_\_\_\_ **Desired Move In Date:** \_\_\_\_\_

Desired Number of Bedrooms: \_\_\_\_\_ Do you **need** to be on the first floor: Y / N (circle one)

**SECTION 1: RENTAL PROPERTY (COMPLETED BY LEASING AGENT)**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

*Application Fee: \$40 per application, Payable to Lafayette Square LP*

**SECTION 2: APPLICATIONS AND PROPOSED OCCUPANTS**

**APPLICANT:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Present Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

Landlord's Name & Phone (if applicable): \_\_\_\_\_

Monthly Rent or Mortgage Payment: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

Landlord's Name & Phone (if applicable): \_\_\_\_\_

**Contact in Case Of Emergency:** \_\_\_\_\_ **Phone ( \_\_\_\_\_ )** \_\_\_\_\_

**CO-APPLICANT:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Present Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

Landlord's Name & Phone (if applicable): \_\_\_\_\_

Monthly Rent or Mortgage Payment: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

Landlord's Name & Phone (if applicable): \_\_\_\_\_

**Contact in Case Of Emergency:** \_\_\_\_\_ **Phone ( \_\_\_\_\_ )** \_\_\_\_\_

**OTHER APPLICANTS:**

Other Occupant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Occupant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Occupant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PETS:**

Do you have any pets: Y / N (circle one) If so Type: \_\_\_\_\_ Weight: \_\_\_\_\_

\*Please note that Lafayette Square restricts certain breeds including  
Pit Bull Terrier, Doberman, Rottweiler and German Shepherds\*

Do you use or plan to use liquid-filled furniture Y / N (circle one) If so: Type: \_\_\_\_\_

**SECTION 3: EMPLOYMENT**

**APPLICANT:**

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Full-Time or Part-Time (circle one)

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**CO-APPLICANT:**

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Full-Time or Part-Time (circle one)

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**SECTION 4: OTHER INCOME**

Do you receive any additional forms of income like social security, pension or retirement funds?  
Alimony, child support or separation maintenance income need not be revealed if you do not wish  
to have it considered as a basis for paying this obligation

Applicant: \_\_\_\_\_ Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

**SECTION 5: MOTOR VEHICLES**

Applicant: \_\_\_\_\_ Model & Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate # & State \_\_\_\_\_ Driver's License # \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Model & Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate # & State \_\_\_\_\_ Driver's License # \_\_\_\_\_

**SECTION 6: OTHER FINANCIAL, CREDIT AND MEDICAL INFORMATION**

**APPLICANT**

**CO-APPLICANT**

- |                  |                 |                  |                 |   |
|------------------|-----------------|------------------|-----------------|---|
| _____ <b>yes</b> | _____ <b>no</b> | _____ <b>yes</b> | _____ <b>no</b> | 1. Do you have any outstanding judgments?   |
| _____ <b>yes</b> | _____ <b>no</b> | _____ <b>yes</b> | _____ <b>no</b> | 2. Have you in the last 7 years declared bankruptcy, suffered a foreclosure, had an account assigned for collection action or had any legal action affecting your ability to finance? |
| _____ <b>yes</b> | _____ <b>no</b> | _____ <b>yes</b> | _____ <b>no</b> | 3. Have you ever been convicted of a felony?  |
| _____ <b>yes</b> | _____ <b>no</b> | _____ <b>yes</b> | _____ <b>no</b> | 4. Have you ever been convicted of a drug or criminal offense?  |
| _____ <b>yes</b> | _____ <b>no</b> | _____ <b>yes</b> | _____ <b>no</b> | 5. Have you ever been more than 7 days late paying rent in the last 3 years?  |
| _____ <b>yes</b> | _____ <b>no</b> | _____ <b>yes</b> | _____ <b>no</b> | 6. Have you ever refused to pay rent for any reason?  |
| _____ <b>yes</b> | _____ <b>no</b> | _____ <b>yes</b> | _____ <b>no</b> | 7. Do you have any medical conditions that may require modifications to the unit or property in order to occupy it?   |

If yes to any question, please explain: \_\_\_\_\_

**SECTION 8: PLEASE READ CAREFULL BEFORE SIGNING**

The undersigned represent that the information contained in this Application is true, correct and complete. The undersigned hereby authorize the verification of the information in this Application, through means including but not limited to: (1) obtaining a credit report to be used in the application process and/or for collection purposes upon the termination of a lease; and (2) contacting current and former employers, landlords and banks; and (3) performing criminal background checks, reference checks and other background checks deemed appropriate with respect to the applicants and any or all prospective occupants; and (4) conducting judgment searches; and (5) contacting creditors, credit bureaus and any other sources deemed necessary to investigate applicant's creditworthiness and to verify the information in this Application.

The undersigned acknowledge that the Landlord is not obligated to execute a lease or deliver possession of the rental property. The undersigned further acknowledge that all application fees, deposits and fees for credit and criminal checks are NONREUNDABLE.

The undersigned further acknowledge that the inclusion of false information in this application shall constitute grounds for the rejection of this application and/or forfeiture of any reservation deposits, application fees and fees for credit and criminal background checks, and would also be a breach of any lease entered into between the applicant(s) and Landlord.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOP OF THIS FORM OR UPON PRESENTATION OF A SEPARATE RELEASE FORM SIGNED BY THE APPLICANTS. APPLICANTS AGREE TO SIGN SUCH A RELEASE FORM IF ASKED TO DO SO BY LANDLORD OR ITS AGENT.

I HAVE READ AND UNDERSTOOD AND I HEREBY AGREE TO THE PROVISIONS, INCLUDING THE RELEASED AND AUTHORIZATIONS, AS STATED ABOVE.

\_\_\_\_\_  
applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
co- applicant

\_\_\_\_\_  
date