



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:

APPLICATIONS AND PROPOSED OCCUPANTS

APPLICANT:

Name: _____ DOB: _____

Cell Number (_____) _____ Other Phone (_____) _____

Present Home Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ How Long at Current Address: _____

Do own you or rent? _____ Monthly Rent or Mortgage Payment: _____

CO-APPLICANT:

Name: _____ DOB: _____

Cell Number (_____) _____ Other Phone (_____) _____

Present Home Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ How Long at Current Address: _____

Do own you or rent? _____ Monthly Rent or Mortgage Payment: _____

OTHER APPLICANTS:

Other Occupant's Name: _____ Relationship: _____

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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*