RENTAL APPLICATION

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

The Consumer Notice (49 Pa. Code §35.336) should be provided before completing this form.

| APPLICANT'S RELATIONSH IN No Business Relationship (Applicant is not represented by a | IP WITH PA LICENSED BROKER broker) |
|---|---|
| Broker (Company) | Licensee(s) (Name) |
| Company License # | State License # |
| Company Address | Direct Phone(s) |
| | Cell Phone(s) |
| Company Phone | Email |
| Company Fax | |
| Broker is (check only one): | Licensee(s) is (check only one): |
| Tenant Agent (Broker represents Applicant only) | Tenant Agent (all company licensees represent Applicant) |
| Dual Agent (See Dual and/or Designated Agent box below) | Tenant Agent with Designated Agency (only Licensee(s) named |
| | above represent Applicant) |
| | Dual Agent (See Dual and/or Designated Agent box below) |
| Transaction Licensee (Broker and Licensee(s) prov | vide real estate services but do not represent Applicant) |
| | |
| LANDLORD'S RELATIONSH | IP WITH PA LICENSED BROKER proker) |
| Broker (Company) | Licensee(s) (Name) |
| | |
| Company License # | State License # |
| Company Address | Direct Phone(s) |
| | Cell Phone(s) |
| Company Phone | Email |
| Company Fax | |
| Broker is (check only one): | Licensee(s) is (check only one): |
| Landlord Agent (Broker represents Landlord only) | Landlord Agent (all company licensees represent Landlord) |
| Dual Agent (See Dual and/or Designated Agent box below) | Landlord Agent with Designated Agency (only Licensee(s) named above represent Landlord) |
| | Dual Agent (See Dual and/or Designated Agent box below) |
| Transaction Licensee (Broker and Licensee(s) prov | vide real estate services but do not represent Landlord) |
| | |
| PROPERTY INFORMATION (| To be supplied by Broker for Landlord) |
| Address | |
| Move-in Date | Term |
| Application Fee (non-refundable) \$ | Application Deposit \$ |
| Monthly Rent \$ | |
| First Month's Rent \$ | |
| Rent and Security Deposit checks will be written separately. | |
| Are pets permitted? (Yes) (No) May be subject to review. Note | : The term "pets" does not include guide or support animals. |
| Non-refundable Pet Fee \$ | |
| Other\$ | _ Pet Rent \$\$ |
| Is rental insurance required for tenants? (Yes) (No) | |
| | |

DUAL AND/OR DESIGNATED AGENCY

A Broker is a Dual Agent when a Broker represents both Landlord and Tenant in the same transaction. A Licensee is a Dual Agent when a Licensee represents Landlord and Tenant in the same transaction. All of Broker's licensees are also Dual Agents UNLESS there are separate Designated Agents for Landlord and Tenant. If the same Licensee is designated for Landlord and Tenant, the Licensee is a Dual Agent.

By signing this Agreement, Landlord and Tenant each acknowledge having been previously informed of, and consented to, dual agency, if applicable.

Applicant's Initials

RA Page 1 of 4

Pennsylvania Association of REALTORS*

COPYRIGHT PENNSYLVANIA ASSOCIATION OF REALTORS® 2017

RA

| | | | · · · · · · · | | | | | | |
|---------------------|---|---|--|--|------------|-------------|--|-----------|-------|
| (A) | The individual listed below is | s a(n): (Applican | nt) (Co-signer) | | | | | | |
| | Each Co-signer must compl | | | e considered an " | Applicant | " as define | ed in this | s form. I | f the |
| | application is approved and | | | | ~ ~ | | | | |
| | of the lease, including rent, | | | | | | | | |
| | without Landlord's prior write | · · • | e | | U | 15 | 1. | , , | |
| | ^ | F | | | | | | | |
| | Home Phone | | Work Phone | | | | | | |
| | | | Fmail | | | | | | |
| | How did you hear about the | | | | | | | | |
| (B) | | | | is needed | | | | | |
| (2) | Present Address & ZIP | | inal chieves in more space | is needed. | | | | | |
| | | D F | Rent/Mortgage \$ | /mc | | Own) (| Rent) | (Ot | her) |
| | Landlord/Mortgage Co. Nam | e & Phone | | | | 0,,,,) (| | | |
| | Previous Address & ZIP | | | | | | | | |
| | From To | | Rent/Mortgage \$ | /mc | | $(\Box$ | Rent) | (🗆 . Ot | her) |
| | Landlord/Mortgage Co. Nam | De & Dhone | | //// |). (Ц (| 0wn) (∟ |] Kent) | | inci) |
| (C) | | - | | | | | | | |
| (C) | | | | action must be as | mulated f | an aa ah an | nligant/ | | _ |
| | Are you applying with anyor | | | | | | opiicant/ | co-signer | • |
| | Name | | | | | | | | |
| | Name | | | | Co-signer) | | | | |
| | Name | | | | Co-signer) | | | | |
| | Name | | | pplicant) (| Co-signer) |) | | | |
| | Will anyone else be occupyin | | | | | | | | |
| | If yes, include the full name | | | | operty. | | | | |
| | Name | | | or older | | | | | |
| | Name | | | or older | | | | | |
| | | | | | | | | | |
| | Name | | | or older | | | | | |
| | Name Name | | □ 18 □ 18 | | | | | | |
| | Name | | □ 18 □ 18 | or older | | | | | |
| EM | Name Name | l information is attac | □ 18 □ 18 | or older | | | | | |
| | Name Name Check here if additiona | ll information is attacl | □ 18 □ 18 hed | or older or older | | | | | |
| Pro | Name Name Check here if additiona PLOYMENT INFORMATIC vide at least two years of histor ployer | Il information is attacl DN y. Attach additional she | | or older or older ded. | | | | | |
| Pro | Name Name Check here if additiona PLOYMENT INFORMATIC vide at least two years of histor ployer | Il information is attacl DN y. Attach additional she | | or older or older ded. | | | | | |
| Pro | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From | Il information is attact ON y. Attach additional sho | | or older or older ded. tion | | | | | |
| Pro | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From City/State | al information is attack DN y. Attach additional she | | or older or older ded. | | | | | |
| Pro | Name Name Check here if additiona PLOYMENT INFORMATIC vide at least two years of histor ployer Employed From City/State Supervisor | al information is attack DN y. Attach additional she | | or older or older ded. tion ne | | | | | |
| Prov Emj | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From City/State Supervisor Gross Income: \$ | Il information is attach DN y. Attach additional sho To /mo. | | or older or older ded. tion ne | | | | | |
| Prov Emj | Name Name Check here if additiona PLOYMENT INFORMATIC vide at least two years of histor ployer Employed From City/State Supervisor Gross Income: \$ vious Employer | Il information is attacl DN y. Attach additional she To /mo. | | or older or older ded. tion ne _ /hr., for | hrs. per w | veek (on av | verage) | | |
| Prov Emj | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From City/State Supervisor Gross Income: \$ vious Employer Employed From | Il information is attach DN y. Attach additional sho To To /mo. | | or older or older ded. tion ne /hr., for tion | hrs. per w | veek (on av | verage) | | |
| Prov Emj | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State | Il information is attach DN y. Attach additional sho To To /mo. | | or older or older ded. tion ne _ /hr., for | hrs. per w | veek (on av | verage) | | |
| Prov Emj | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Supervisor | Il information is attach DN y. Attach additional sho To To /mo. | | or older or older ded. tion e/hr., for tion | hrs. per w | veek (on av | verage) | | |
| Prov Emj | Name Name Check here if additiona PLOYMENT INFORMATIC vide at least two years of histor ployer Employed From Gross Income: \$ Employed From Employed From City/State Supervisor Gross Income: \$ Supervisor | Il information is attach DN y. Attach additional sho To To /mo. | | or older or older ded. tion e/hr., for tion | hrs. per w | veek (on av | verage) | | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIC vide at least two years of histor ployer Employed From City/State Gross Income: \$ Employed From City/State Employed From City/State Gross Income: \$ Proof of income attached | Il information is attach DN y. Attach additional sho To To /mo. To To mo. | | or older or older ded. tion e/hr., for tion | hrs. per w | veek (on av | verage) | | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From City/State Gross Income: \$ Employed From City/State Supervisor Gross Income: \$ Proof of income attached Check here if additional information City/State I additional information | Il information is attach DN y. Attach additional sho To To /mo. To /mo. mo. rmation is attached | | or older or older ded. tion e/hr., for tion | hrs. per w | veek (on av | verage) | | |
| Prov Emp Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Froof of income attached Check here if additional infor HER INCOME USED FOR M | Il information is attach DN y. Attach additional sho To To /mo. To /mo. mation is attached MONTHLY EXPENS | □ 18 □ 18 hed 18 eets if more space is need Posi Phone Phone OR \$ Posi OR \$ Posi OR \$ Posi Phone Posi ES Phone | or older or older ded. tion _ /hr., for tion _ /hr., for | hrs. per w | veek (on av | verage) verage) | | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Supervisor Gross Income: \$ Proof of income attached Check here if additional infor HER INCOME USED FOR M nony, child support, or separ | Il information is attach DN y. Attach additional sho To To /mo. To /mo. mation is attached MONTHLY EXPENS | □ 18 □ 18 hed 18 eets if more space is need Posi Phone Phone OR \$ Posi OR \$ Posi OR \$ Posi Phone Posi ES Phone | or older or older ded. tion _ /hr., for tion _ /hr., for | hrs. per w | veek (on av | verage) verage) | | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Froof of income attached Check here if additional infor HER INCOME USED FOR M | Il information is attach DN y. Attach additional sho To To To To mo. rmation is attached MONTHLY EXPENS rate maintenance incor | □ 18 □ 18 hed 18 eets if more space is need 18 eets if more space is need Posi Posi Phone OR \$ OR \$ Posi Phone OR \$ Posi Phone Posi Phone Phone Phone OR \$ Phone Phone | or older or older ded. tion _ /hr., for tion _ /hr., for | hrs. per w | veek (on av | verage) verage) | | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Supervisor Gross Income: \$ Proof of income attached Check here if additional infor HER INCOME USED FOR M nony, child support, or separ | Il information is attach DN y. Attach additional sho To To /mo. To /mo. mation is attached MONTHLY EXPENS | □ 18 □ 18 hed 18 eets if more space is need 18 eets if more space is need Posi Posi Phone OR \$ OR \$ Posi Phone OR \$ Posi Phone Posi Phone Phone Phone OR \$ Phone Phone | or older or older ded. tion _ /hr., for tion _ /hr., for | hrs. per w | veek (on av | verage) verage) | nsidered | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From City/State Supervisor Employed From Employed From City/State Supervisor Gross Income: \$ Proof of income attached Check here if additional informed HER INCOME USED FOR M mony, child support, or separts s for paying this obligation. | Il information is attach DN y. Attach additional sho To To /mo. To mo. To /mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou | □ 18 □ 18 hed 18 eets if more space is need 18 eets if more space is need Posi Posi Phot OR \$ OR \$ Posi Phot OR \$ Posi Phot Phot Phot OR \$ | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con | nsidered | |
| Prov Emp Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Gross Income: \$ Proof of income attached Check here if additional infor HER INCOME USED FOR M nony, child support, or separ s for paying this obligation. Source | Il information is attach DN y. Attach additional sho To To /mo. To /mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou | □ 18 □ 18 hed 18 eets if more space is need 18 eets if more space is need Posi Phone Phone OR \$ Posi Image: Phone Phone OR \$ Phone Image: Phone Pho | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |
| Prov Emp Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Gross Income: \$ Proof of income attached Check here if additional infor HER INCOME USED FOR M nony, child support, or separ s for paying this obligation. Source | Il information is attach DN y. Attach additional sho To To /mo. To /mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou | □ 18 □ 18 hed 18 eets if more space is need 18 eets if more space is need Posi Posi Phot OR \$ OR \$ Posi Phot OR \$ Posi Phot Phot Phot OR \$ | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |
| Prov Emj Prev | Name | Il information is attach DN y. Attach additional sho To To /mo. To /mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou | □ 18 □ 18 hed □ eets if more space is need Posi Phone Phone OR \$ OR \$ Posi Phone OR \$ Posi Phone OR \$ Posi Phone OR \$ Posi Phone Phone OR \$ Phone Phone < | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Gross Income: \$ Proof of income attached Check here if additional infor HER INCOME USED FOR M nony, child support, or separ s for paying this obligation. Source Check here if additional in | Il information is attach DN y. Attach additional sho To To /mo. To /mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou formation is attach | □ 18 □ 18 hed □ eets if more space is need Posi Phone Phone OR \$ OR \$ Posi Phone OR \$ Posi Phone OR \$ Posi Phone OR \$ Posi Phone Phone OR \$ Phone Phone < | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From City/State Supervisor Gross Income: \$ vious Employed From City/State Supervisor Gross Income: \$ Supervisor Gross Income: \$ Proof of income attached Check here if additional information HER INCOME USED FOR M nony, child support, or separts s for paying this obligation. Source | Il information is attach DN y. Attach additional sho To To /mo. To /mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou formation is attach | Image: style | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |
| Prov Emj Prev | Name Name Check here if additiona PLOYMENT INFORMATIO vide at least two years of histor ployer Employed From Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Proof of income attached Check here if additional infor HER INCOME USED FOR M nony, child support, or separ s for paying this obligation. Source Check here if additional infor Manony, child support, or separ s for paying this obligation. Source | I information is attach N y. Attach additional sho To To To To To mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou formation is attach 'ION | | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |
| Prov Emj Prev | Name | Il information is attach DN y. Attach additional sho To To To To To mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou aformation is attach 'ION | | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |
| Prov Emj Prev | Name | Il information is attach DN y. Attach additional sho To To To To To mo. rmation is attached MONTHLY EXPENS rate maintenance incor Amou aformation is attach 'ION | | or older or older ded. tion | hrs. per w | veek (on av | verage) verage) ve it con Amo | nsidered | |

59 Applicant's Initials ____

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

60 Applicant Name_____

| 61 | 5. | MONTHLY PAYMENTS | | | |
|----------|-----|--|----------------------------|-------------------------------|---|
| 62 | | Lender Name | Loan Type | Balance Due | Monthly Payment |
| 63 | | | | | \$ |
| | | | | - | |
| 64 | | | | _ \$ | ð |
| 65 | | | | _ \$ | \$ |
| 66 | | | | _ \$ | \$ |
| 67 | | Check here if additional information is attached | | | |
| 68 | 6. | VEHICLE | | | |
| 69 | | Include any cars, trucks, vans, motorcycles, trailers, boats | and recreational vehicles | | |
| 70 | | Make/Model | Year | Color | License Plate/State |
| 71 | | | | | |
| 72 | | | | | |
| 73 | | | | | |
| | | | | | |
| 74 | _ | Check here if additional information is attached | | | |
| 75 | 7. | PETS | | | |
| 76 | | Does any Applicant or Occupant own any pets (guide and | support animals not inclu | ided)? (\Box Yes) (\Box | No) |
| 77 | | If yes, provide detail below. | | | |
| 78 | | Pet 1 | Pet 2 | Pet 3 | |
| 79 | | Type (Cat, dog, etc.) | | | |
| 80 | | Breed | | | |
| 81 | | | | | |
| 82 | | | | | |
| | | Gender | | | _ |
| 83 | 0 | | | | — |
| 84 | 8. | OTHER INFORMATION | | | |
| 85 | | $(\Box Yes)$ $(\Box No)$ Have you ever declared bankrupter | y or suffered foreclosure | ? | |
| 86 | | If yes, list any payments: \$ | | | |
| 87 | | $(\Box Yes)$ $(\Box No)$ Have you ever defaulted on your n | | | |
| 88 | | $(\Box Yes)$ $(\Box No)$ Have you been evicted or sued for | unpaid rent or damages t | to leased property? | |
| 89 | | $(\Box Yes)$ $(\Box No)$ Have you ever refused to pay rent | for any reason? | | |
| 90 | | $(\Box Yes)$ $(\Box No)$ Have you ever been convicted of o | | or nolo contendere for a f | elony or misdemeanor? |
| 91 | | $(\Box \text{ Yes})$ $(\Box \text{ No})$ Since January 1, 1998, Have you b | | | |
| 92 | | County Dom | actic Palations File or D | ocket Number: | leeola. II yes. |
| 92 93 | | Amount Don | Are you doling yout? | | |
| | | Amount | | ation line diamon lifted from | Dissas sumisin surv |
| 94 | | If you answered yes to any of the above questions, | you may not be auton | halically disqualified from | n residency. Please explain any |
| 95 | | "yes" answers provided above: | | | |
| 96 | | | | | |
| 97 | | | | | |
| 98 | | Check here if additional information is attached | | | |
| 99 | 9. | CONDITION OF PROPERTY | | | |
| 00 | | The Property will be leased in the same condition as it is sl | hown unless otherwise pr | ovided in the lease. | |
| 01 | 10. | APPLICATION FEE | | | |
| 02 | | The Application Fee is NON-REFUNDABLE and will | not be applied towards | s rent or other financial | obligations should Applicant be |
| 03 | | approved, nor refunded if not approved. Applicant ag | | | |
| 04 | | review and/or verification of the information stated in the a | | | |
| 05 | 11 | OBLIGATION TO ENTER INTO LEASE AGREEME | | | |
| 06 | 11. | Upon submission of this Application, Landlord/Broker | | he right to remove prope | arty from the available rent list |
| | | | | | - |
| 07 | | If this Application is denied by Landlord, the Applicat | - | ~ ~ | his Application is approved and |
| 80 | | Applicant fails to rent the Property, Landlord shall be entit | led to retain the Applicat | ion Deposit. | |
| 09 | 12. | CONVICTED SEX OFFENDERS (MEGAN'S LAW) | | | |
| 10 | | The Pennsylvania General Assembly has passed legislat | tion (often referred to a | s "Megan's Law," 42 Pa | I.C.S. § 9791 et seq.) providing |
| 11 | | for community notification of the presence of certain | convicted sex offende | ers. Potential tenants a | re encouraged to contact the |
| 12 | | municipal police department or the Pennsylvania St | ate Police for informa | tion relating to the pre | esence of sex offenders near a |
| 13 | | particular property, or to check the information on the | | | |
| 14 | 13. | NOTICE TO PERSONS OFFERING TO SELL OR RI | | | 8 1 |
| 15 | 10. | (A) Federal and state laws make it illegal for Land | | | R RELIGION or RELIGIOUS |
| 16 | | | | | |
| | | CREED, SEX, DISABILITY (physical or mental | | | - · · · · · · · · · · · · · · · · · · · |
| 17 | | NATIONAL ORIGIN, USE OR HANDLING/TRA | | | |
| 18 | | SHIP OR ASSOCIATION TO AN INDIVIDUAL | | | - |
| 19 | | rent properties, loan money, or set deposit amounts | s, or as reasons for any | decision relating to the sa | ale of property. The municipality |
| | | | | | |
| | | | | | |

in which the Property is located may have enacted an ordinance or other law that extends the protections for access to housing to additional classes of individuals, such as gay, lesbian, bisexual and transgender individuals and couples. Broker and Landlord are advised to check with your local municipality, representative from the Pennsylvania Human Relations Commission, or your own attorney for further guidance.

(B) The Fair Housing Act prohibits rental practices which have a discriminatory effect on members of protected classes, including outright bans on offering housing to individuals based on arrests or convictions without a case-by-case assessment of relevant mitigating factors. Consideration of an applicant's criminal history must be limited to convictions and should include an evaluation of the nature and severity of the offense, the amount of time that has passed since the criminal conduct occurred, and whether denial of the application will serve a substantial, legitimate, nondiscriminatory interest. Selective use of an applicant's criminal history as a pretext for intentional discrimination based on race, national origin, or other protected characteristics may be a violation of the Act, as well.

14. FAIR CREDIT REPORTING ACT

If the Landlord or Broker denies your application based in whole or in part on any information contained in the consumer report authorized by paragraph 16 of this Application, the Landlord or Broker must provide you with oral, written or electronic notice of the denial, and must provide to you: (1) the name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency if the agency compiles and maintains files on consumers on a nationwide basis) that furnished the report, (2) a statement that the consumer reporting agency did not make the decision to deny the application and is unable to provide you with the specific reasons why your application was denied, (3) a numerical credit score, the range of possible credit scores under the model used, up to four of the key factors that led to the denial, and the date the credit score was created (4) information about how to obtain a free copy of your consumer report from the consumer reporting agency. If the Landlord or Broker denies your application because of information from a person other than a credit reporting agency (for example, an employer or prior landlord), the Landlord or Broker must provide you with notice about your right to make a written request to discover the nature of that information.

15. SPECIAL CLAUSES

146

154

- (A) The following are part of this Application if checked:
 - Advanced Payment Addendum (PAR Form APA)

(B) Additional Terms:

16. AUTHORIZATION

- By initialing below, Applicant makes the following authorization(s):
- Applicant authorizes Landlord or Broker for Landlord to obtain any information deemed necessary to evaluate this Application. This information may include, but is not limited to, credit reports, criminal history, judgments of record, rental history, verification of employment and salary, employment history, vehicle records, and licensing records. Broker for Landlord may report to Landlord any information obtained by Broker for Landlord for evaluation of the Application. Applicant acknowledges that all information in the Application is true and correct. Applicant acknowledges that if applicant presents false or incomplete information Landlord may reject this Application. Applicant understands that giving false or incomplete information may result in forfeiture of any payments made in connection with this Rental Application.

- Applicant understands and acknowledges that Aplicant's social security number, driver's license number, date of birth, or other personal identifying information may be required in order for Landlord or Broker for Landlord to evaluate this application. If requested, Applicant agrees to provide the information on a separate form such as the Social Security Number Authorization (PAR Form SSA). Failure to provide this information may result in the denial of your application.
- Applicant agrees that Broker(s), his/her agent(s) and/or employee(s) may provide Applicant's social security number, individual taxpayer identification number, driver's license information and date of birth to lenders, title agencies, credit reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining the existence of domestic liens, or for obtaining a criminal background report (for prospective tenants only). Applicant understands that Brokers have no control over the use of any information after it is disclosed to a third party and agrees to release and hold Brokers harmless from any and all liability for any misuse or subsequent disclosure by any third party of the information or reports disclosed by Broker pursuant to the terms of this authorization.
- 74 Applicant authorizes the Broker for Landlord to contact the Applicant directly.

175 I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

176 APPLICANT SIGNATURE

APPLICANT NAME

RA Page 4 of 4
Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

DATE

DATE