

A J PROPERTY MANAGEMENT INC

PO BOX 27703
Philadelphia, Pennsylvania 19118
(215) 805 2373
(215) 753 0263 fax

Rental Application

FOR OFFICE USE ONLY
DATE _____
PROPERTY _____
APT. No _____
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 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 _____ Telephone # _____
Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____
Present Telephone _____ Dates from: _____ to: _____
Present Landlord _____ Telephone # _____
Monthly Payment \$ _____ Reason for Moving _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____
Telephone # _____
Do you have a checking account? (yes/no) _____ Do you have a savings account? _____

Current Balance _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ **Dates from:** _____ **to** _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Monthly Salary \$ _____

PREVIOUS EMPLOYER _____ **Dates from:** _____ **to** _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Monthly Salary \$ _____

CO-APPLICANT'S EMPLOYER _____ **Dates from:** _____ **to** _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Monthly Salary \$ _____

PREVIOUS EMPLOYER _____ **Dates from:** _____ **to** _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Monthly Salary \$ _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES _____
Make/Model _____ Year _____ Color _____ Tag No./State _____
Make/Model _____ Year _____ Color _____ Tag No./State _____

If there are other sources of income you would like us to consider, please list here. Documented proof required.
Amount \$ _____ per _____ Source _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? _____
Been evicted or asked to move out? _____ Broken a Rental Agreement or Lease? _____
Been sued for damage to rental property? _____ Declared Bankruptcy? _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

DATE SIGNED _____