



20 N. Pitt St.
Historical Downtown Carlisle PA 17013

RESIDENTIAL RENTAL APPLICATION

All individuals 18 and older should complete a separate rental application.

Date of Application: _____

This section to be completed by landlord.

Address of Rental Property: _____

Move-in Date: _____ Rental Term: _____

Monthly Payment: \$ _____ Security Deposit Amount: \$ _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Social Security # _____

Home Phone: _____ Work / Cell Phone _____

Driver's License #: _____ State: _____

Number of Occupants: _____

ADDITIONAL APPLICANTS

Full Name	Relationship	Full Name	Relationship

RESIDENTIAL HISTORY

Current Address: _____

Length of Occupancy: From _____ To _____

Landlord: _____ Landlord's Phone: _____

Monthly Payment: \$ _____ Reason for Moving: _____

Previous Address: _____

Length of Occupancy: From _____ To _____

Landlord: _____ Landlord's Phone: _____

Monthly Payment: \$ _____ Reason for Moving: _____

Previous Address: _____

Length of Occupancy: From _____ To _____

Landlord: _____ Landlord's Phone: _____

Monthly Payment: \$ _____ Reason for Moving: _____

EMPLOYMENT HISTORY

Current Employer: _____

Employer Address: _____

Dates Employed _____ Salary: \$ _____ per _____

Supervisor: _____ Phone: _____

Previous Employer: _____

Employer Address: _____

Dates Employed _____ Salary: \$ _____ per _____

Supervisor: _____ Phone: _____

Other Sources of Income: _____ \$ _____

_____ \$ _____

BANK & CREDIT REFERENCES

Bank Name: _____ Phone: _____

Bank Address: _____

Checking Account #: _____ Savings Account # _____

Credit Card Company: _____ Phone: _____

Account #: _____

Credit Card Company: _____ Phone: _____

Account #: _____

Loan (car loan, student loan or other): _____

Loan Company: _____ Phone: _____

Account #: _____

Other Financial Obligations (alimony, child support or other): _____

VEHICLE INFORMATION (including motorcycles, trailers, RVs, boats)

Make	Model	Year	Own / Lease	Lic. Plate # / State

PERSONAL REFERENCE

Personal Reference Name: _____

Phone: _____ Relationship: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Address: _____

Phone: _____ Relationship: _____

MISCELLANEOUS

Number and Type of Pets: _____

- Have you ever:
- | | | |
|--|------------------------------|-----------------------------|
| Filed for bankruptcy in the past seven years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been evicted from a rental residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been 2 or more months late on rental payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain any "Yes" responses: _____

AUTHORIZATION

This application must be signed by the applicant before consideration by the Landlord / Manager and is subject to the Landlord's approval.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration. I authorize the Landlord / Manager to contact all references given in this application and to conduct a credit review, including obtaining my credit report from any authorized credit reporting agency.

All deposit monies forfeited if application canceled after 72 hours of applying. Cancellation notice must be in writing and countersigned by the Livery LLC.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

LANDLORD / MANAGER USE ONLY (Do not write below)

Credit Report fee \$ _____ (not refundable), received on _____

Manager Notes: _____
