

MEADVILLE HOUSING CORPORATION

934 "B" STREET
MEADVILLE, PENNSYLVANIA 16335
TELEPHONE (814) 724-8151

rental application

Thank you for your interest in our apartments. Please complete all requested information on the front and back of this form.

Type and Size of Apartment Wanted _____
Desired Date of Occupancy _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____

Date of Birth _____ Social Security No. _____ Marital Status _____

OTHER RESIDENTS	Relationship	Birthdate

Do You Own Pets? _____ Describe _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Length of Time at Present Address _____

Present Landlord or Mortgage Holder _____ Telephone _____

Amount of Rent \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Length of Time at Previous Address _____

Previous Landlord or Mortgage Holder _____ Telephone _____

Amount of Rent \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

EMPLOYED BY _____ How Long? _____

Employer's Address _____ Telephone _____

Position Held _____ Supervisor _____

YOUR PREVIOUS EMPLOYER _____ How Long? _____

Employer's Address _____ Telephone _____

Position Held _____ Supervisor _____

CO-RESIDENT'S EMPLOYER _____ How Long? _____

Employer's Address _____ Telephone _____

Position Held _____

Social Security No. _____ Supervisor _____

BANKING AND CREDIT REFERENCES

BANK _____ Branch _____
 Checking Account Number _____ Savings Account Number _____
 CREDIT REFERENCE _____ Account Number _____
 Address _____
 OTHER REFERENCE _____
 Address _____

HOUSEHOLD INCOME

(Proof of income may be required)

Applicant's Salary: _____ Gross Amount per Month: _____
 Co-applicant's Salary: _____ Gross Amount per Month: _____
 Other Income: Source: _____ Amount per Month: _____
 Source: _____ Amount per Month: _____
 TOTAL MONTHLY INCOME: _____

OTHER INFORMATION

Number of Automobiles (Including Company Cars) _____ Driver's License No. _____
 Make _____ Year _____ Color _____ Tag No. _____ State _____
 Make _____ Year _____ Color _____ Tag No. _____ State _____
 Make _____ Year _____ Color _____ Tag No. _____ State _____
 Other Remarks _____

 In Case of Personal Emergency, Notify _____ Relationship _____
 Address _____ Telephone _____

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.

APPLICANT'S SIGNATURE _____
 CO-SIGNED _____
 DATE SIGNED _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Co-Resident Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit	
<input type="checkbox"/> Other	

THIS APPLICATION: APPROVED NOT APPROVED

Date _____
 By _____
 Assigned to Apt. No. _____
 Apartment Address _____

 Move-In Date _____