☐ BALDWIN HAWTHORNE REAL ESTATE

(check one)

☐ TS MANAGEMENT

1711 Kuntz Road, Erie, PA 16509

(814) 866-0126 Rental Application baldwinhawthorne@gmail.com

Cell Phone No Email Date Other Phone No **Email APPLICANT** If applying for: **Full Name** Currently How Long Monthly Monthly 3701-3727 Sterrettania (Shelby Ln), □ Renting Utilities Pavment 5251-5261 Crabapple, or ☐ Own Home 5404-5406 Cider Mill Street Address Name of Landlord or Apartment Manager **MAKE HOLD CHECK PAYABLE TO:** Telephone Number of Landlord or Apartment Manager City State Zip **TS Management** Marital Status ☐ Divorced ☐ Separated Why are you moving? For all other properties: □ Married □ Widowed □ Single **MAKE HOLD CHECK PAYABLE TO:** Social Security Number Driver's License Number Employed by: Company Name Weekly Net Position How long employed? **Employer's Street Address** Name of Supervisor **ADDITIONAL INFORMATION / NOTES** City State Telephone Number of Supervisor ☐ SECOND APPLICANT ☐ COSIGNER (Check one) Name Relationship to Applicant Street Address City State Zip Social Security Number Driver's License Number Employed by: Company Name Weekly Net Position How long employed? Name of Supervisor Telephone Number of Supervisor Number of children who will live in unit Ages of children ADDITIONAL OCCUPANTS (Other than Children) Names and Relationships of Others Who Will Occupy the Unit ADDITIONAL INFORMATION Type of Rental Unit You Are Applying For How did you learn about these rental units? □ 1 BR □ 2 BR □ Newspaper ☐ Drive Bv □ Tenant ☐ On-Line ☐ Other Do you have pets? Why are you choosing this rental unit? □ No ☐ Yes ☐ Close to work ☐ Close to shopping ☐ Size of rooms in apartment ☐ Amount of rent Type: ☐ Close to school ☐ Complex layout □ Other See reverse side for pet policy. NAME, ADDRESS, AND PHONE NUMBER OF PERSON TO NOTIFY IN CASE OF EMERGENCY ☐ Yes Do you or any of your family members smoke? Your lease will prohibit smoking in your unit, common areas, on balconies, or within 25 feet of building entrances. Call if you have any questions. Initial Initial □ No Have you ever been evicted for non-payment of rent or for any other reason? ☐ Yes ☐ Yes □ No Have you received unemployment compensation within the last three years? ☐ Yes □ No Have you received welfare assistance in the last three years? ☐ Yes □ No Have you ever been arrested or convicted of a crime other than minor traffic violations? ☐ Yes □ No Are you eligible for any subsidized rent programs? **TERMS AND REQUIREMENTS** This application shall be accompanied by a hold deposit of \$_____. It will be refunded if this application is rejected. If your application is accepted, the money becomes a NON REFUNDABLE HOLD DEPOSIT on the unit. Once you sign your lease, the deposit will be applied to the security deposit required. The balance of all deposits, less authorized deductions, will be returned to you according to Pennsylvania state law. If you do not sign a written lease agreement with us, your deposit to hold the unit off the market until you sign your lease will be retained by us. Applicant hereby grants permission to verify any information contained Initial Initial Desired Lease Start Date Address of Rental Unit Amount of Rent (per month) Signature of Applicant

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A cat may be considered at apartment locations, excluding Mill Glen and Shoreline. We may consider a cat or dog at townhouse locations. We require a pet deposit and signature of a Pet Privilege Clause.

Our standard pet privilege deposit equals one month's rent, due on move-in. In special circumstances, we may consider additional time for pet deposit payment, a reduced pet deposit, or additional monthly pet rent, in lieu of a deposit.

Tenants are strictly liable for any and all pet damage, including carpet replacement in rooms damaged by pet urine or feces.

Name			Date	
PET INF □ cat	ORMATION □ de			
Name of pet			Breed	
	<u>lb</u>	<u>yr</u>		
Weight		Age		
□ yes	□ no	Neutered		
□ yes	□ no	Declawed		
□ yes	□ no	Indoor		