

BALDWIN HAWTHORNE REAL ESTATE
1711 Kuntz Road
Eric, PA 16509
(814) 866-0126
baldwinhawthorne@gmail.com

Rental Application

Date _____

Applicant _____

Day Time Phone No. _____

E-Mail: _____

Full Name		Currently <input type="checkbox"/> Renting <input type="checkbox"/> Own Home	How Long	Monthly Payment \$	Monthly Utilities \$	FOR OFFICE USE ONLY
Street Address		Name of Landlord or Apt. Mgr.				
City	State	Zip	Tel. No. of Landlord or Apt. Mgr.			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Why are you moving?				
EMPLOYMENT Social Security No.		Drivers Lic.#				
Employed by: Co. Name		Weekly Net \$	Position	How long employed?		
Employers Street Address		Name of Supervisor				
City	State	Tel. No. of Supervisor				
SPOUSE AND CHILDREN						
Name of Spouse		No. of Children	Ages of Children			
Employed by: Co. Name		Weekly Net \$	Position	How long employed?		
Employers Street Address		Name of Supervisor				
City	State	Tel. No. of Supervisor				
Social Security No.		Drivers Lic. #				
ADDITIONAL OCCUPANTS other than Spouse and Children						
Names of others who will occupy Apt.		Relationship	Employer and Tel. No.			
ADDITIONAL INFORMATION						
Type of Rental Unit you are Applying For <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 4 BR			How did you learn about these Rental Units? <input type="checkbox"/> Newspaper <input type="checkbox"/> Drive By <input type="checkbox"/> Tenant <input type="checkbox"/> Other			
Do you have Pets <input type="checkbox"/> No <input type="checkbox"/> Yes		Why are you Choosing this Rental Unit <input type="checkbox"/> Close to work <input type="checkbox"/> Close to shopping <input type="checkbox"/> Close to School <input type="checkbox"/> Complex Layout		<input type="checkbox"/> Size of Rooms in Apt. <input type="checkbox"/> Amount of Rent <input type="checkbox"/> Other _____		
NAME, ADDRESS & PHONE NUMBER OF PERSON TO NOTIFY IN CASE OF EMERGENCY						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been evicted for non-payment of rent or other reasons?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received unemployment compensation within the last three years?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received welfare assistance within the last three years?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been arrested or convicted of a crime other than minor traffic violations?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you eligible for any subsidized rent programs?				
TERMS AND REQUIREMENTS						
This application shall be accompanied by a 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 by the lease. The balance of all deposits, less authorized deductions, will be returned to you according to the lease terms. 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 herein. Initial _____ Initial _____						
Date Required	Address of Rental Unit			Amount of Rent		
Deposit Received By:			Signature of Applicant			