

## SHORELINE ERIE, LLC

1711 Kuntz Road, Erie, PA 16509    (814) 866-0126    baldwinhawthorne@gmail.com  
Rental Application

Date \_\_\_\_\_ Cell Phone No \_\_\_\_\_ Email \_\_\_\_\_  
Other Phone No \_\_\_\_\_ Email \_\_\_\_\_

APPLICANT					<b style="color: red;">PLEASE MAKE HOLD CHECK PAYABLE TO: SHORELINE ERIE, LLC</b>  ADDITIONAL INFORMATION / NOTES
Full Name	Currently <input type="checkbox"/> Renting <input type="checkbox"/> Own Home	How Long	Monthly Payment \$	Monthly Utilities \$	
Street Address		Name of Landlord or Apartment Manager			
City                      State      Zip		Telephone Number of Landlord or Apartment Manager			
Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Why are you moving?			
Social Security Number			Driver's License Number		
Employed by: Company Name	Weekly Net \$	Position	How long employed?		
Employer's Street Address		Name of Supervisor			
City                      State		Telephone Number of Supervisor			
<b>(Check one)</b> <input type="checkbox"/> SECOND APPLICANT <input type="checkbox"/> COSIGNER					
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			
<b>ADDITIONAL OCCUPANTS (Other than Children)</b>					
Names and Relationships of Others Who Will Occupy the Unit					
<b>ADDITIONAL INFORMATION</b>					
Type of Rental Unit You Are Applying For <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 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"/> On-Line <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"/> Size of rooms in apartment <input type="checkbox"/> Amount of rent <input type="checkbox"/> Close to school <input type="checkbox"/> Complex layout <input type="checkbox"/> Other _____			
NAME, ADDRESS, AND PHONE NUMBER OF PERSON TO NOTIFY IN CASE OF EMERGENCY					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you or any of your family members smoke? <b style="color: red;">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.</b> Initial _____    Initial _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been evicted for non-payment of rent or for any other reason?			
<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 in 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?			
<b>TERMS AND REQUIREMENTS</b>					
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 <b>NON REFUNDABLE HOLD DEPOSIT</b> 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 herein.					
Desired Lease Start Date		Address of Rental Unit		Amount of Rent (per month)	
				Signature of Applicant	