

Complete information must be provided for all adult applicants and cosigners. Use additional forms, if necessary. Please call our office if you have any questions. **Please PRINT neatly.**

If applying for Shoreline Apartments (113-233 Baer Drive), make hold check payable to Shoreline Erie.

If applying for Shelby Lane (3701-27 Sterrettania Rd.), North Coast (1843-47 E. 38th St.), 5251-61 Crabapple Dr., 6404-06 Cider Mill Rd., or 4925-27 Grouse Hollow Rd., make hold check payable to T S Management.

For all other properties, make hold check payable to BHRE.

Date _____

APPLICANT

Full Name		Cell Phone No.	Other Phone No. <input type="checkbox"/> Landline <input type="checkbox"/> <input type="checkbox"/> Work		Email
Marital Status <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed		Social Security Number / TIN		Driver's License State: Number:	
Current Address			City, State, Zip		
Employer / Source of Income		Weekly Net \$	Position		How long employed
Employer's Address		Name of Supervisor			Supervisor's Phone
Employer City / State		<i>Please attach additional sheets with the same information if you have more than one employer or an additional source of income.</i>			

Check one: **SECOND APPLICANT** **COSIGNER**

Relationship to Applicant:

Full Name		Cell Phone No.	Other Phone No. <input type="checkbox"/> Landline <input type="checkbox"/> <input type="checkbox"/> Work		Email
Marital Status <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed		Social Security Number / TIN		Driver's License State: Number:	
Current Address			City, State, Zip		
Employer / Source of Income		Weekly Net \$	Position		How long employed
Employer's Address		Name of Supervisor			Supervisor's Phone
Employer City / State		<i>Please attach additional sheets with the same information if you have more than one employer or an additional source of income.</i>			

ADDITIONAL OCCUPANTS

Name(s) and Relationship(s) of Others Who Will Occupy Unit (Other than Children)	Number of Children Who Will Live in Unit
	Ages of Children

CURRENT RESIDENCE

<input type="checkbox"/> rent <input type="checkbox"/> own home	How Long	Monthly Rent / Mortgage Payment \$	Monthly Utilities \$	Why are you moving?
Name of Landlord or Apartment Manager			Telephone Number of Landlord or Apartment Manager	

UNIT APPLYING FOR

Type <input type="checkbox"/> 1 br <input type="checkbox"/> 2br <input type="checkbox"/> 3br	Address of Rental Unit	Desired Lease Start Date	Monthly Rent
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INITIALS _____

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PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	Phone	Address	Relationship
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Check one box for each question:

- yes no Have you ever been evicted for non-payment of rent or for any other reason?
 - yes no Have you received unemployment compensation in the last three years?
 - yes no Have you received welfare assistance in the last three years?
 - yes no Are you eligible for any subsidized rent program?
 - yes no Do you or any of your family members smoke?
- Do you wish to volunteer any information regarding past criminal convictions?

PET POLICY

A cat may be considered at Appletree, Maplelane, or Swanville Apartments. A cat or dog may be considered at townhome 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. This deposit is fully refundable at the end of the lease period, less any damages caused by the pet. In special circumstances, we may consider additional time for pet deposit payment, a reduced pet deposit, or additional monthly pet rent (around \$50 / month) in lieu of a deposit. Tenant is strictly liable for any and all pet damage, including carpet replacement in rooms damaged by pet urine and feces.

PET INFORMATION

Desired Pet Privilege Payment Method					
<input type="checkbox"/> Refundable Pet Deposit (equal to one month's rent) <input type="checkbox"/> Refundable Pet Deposit in 3 monthly payments <input type="checkbox"/> Pet Rent (around \$50 / month)					
<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other _____	Name of Pet	Breed	Weight (lb)	Age (yr)	<input type="checkbox"/> yes <input type="checkbox"/> no neutered <input type="checkbox"/> yes <input type="checkbox"/> no declawed <input type="checkbox"/> yes <input type="checkbox"/> no indoor
<input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other _____	Name of Pet	Breed	Weight (lb)	Age (yr)	<input type="checkbox"/> yes <input type="checkbox"/> no neutered <input type="checkbox"/> yes <input type="checkbox"/> no declawed <input type="checkbox"/> yes <input type="checkbox"/> no indoor

ADDITIONAL INFORMATION

How did you learn about our rental units?

newspaper
 drive by
 Craig's List
 Apartment Guide
 Current Tenant (Name) _____
 BHRE web site
 apartment association
 other on-line
 other _____

Why are you choosing this rental unit? (check all that apply)

close to work
 close to school
 close to shopping
 complex layout
 size of rooms
 amount of rent
 other _____

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS

- _____ _____ **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 deposit becomes a **NON-REFUNDABLE HOLD DEPOSIT** on the unit. Once you sign your lease, the deposit will be applied to the required security deposit. 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, or fail to take possession of the unit as agreed, your deposit to hold the unit off the market until you sign your lease will be retained by us.**
- _____ _____ **Applicant(s) agree that no other person will occupy the unit except the applicants and children listed on this application.**
- _____ _____ **Your lease will prohibit smoking in your unit, common areas, on balconies or decks, or within 25 feet of the building entrances.**
- _____ _____ **Applicant(s) hereby grants permission to verify any information contained herein, including but not limited to running a credit report and a backgroundcheck.**