



**Rental Application**  
 5148 Peach St. PMB 305, Erie, PA 16509  
 baldwinhawthorne@gmail.com

Complete information must be provided for all adult applicants and cosigners. Use additional forms, if necessary.

**Make hold check or money order payable to BHRE. Please PRINT neatly.**

**BHRE has shifted to a virtual office. Application and hold deposit may be mailed to the address above. For faster review text Beth at 814-449-5191 to schedule a drop off location. Applications will NOT be processed until the hold deposit is received. Applications may be scanned and emailed separately. Email us at baldwinhawthorne@gmail.com with any questions.**

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	<u>Weekly</u> Net \$	Position	How Long Employed
Employer's Address	Name of Supervisor	Supervisor's Phone	
Employer City / State	<i>Please let your supervisor know we may be calling and that they have your permission to verify this information. 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	<u>Weekly</u> Net \$	Position	How Long Employed
Employer's Address	Name of Supervisor	Supervisor's Phone	
Employer City / State	<i>Please let your supervisor know we may be calling and that they have your permission to verify this information. 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"/> 2 br <input type="checkbox"/> 3 br	Address of Rental Unit	<u>Desired Lease Start Date</u>	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 Are you currently an active member of the military or in the reserves?
  - 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 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 but not limited to 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 \$\_\_\_\_\_. This deposit, equal to one month's rent, 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.

\_\_\_\_\_ Applicant(s) hereby grants permission to verify any information contained herein, including but not limited to running a credit report and a background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Second Applicant / Cosigner

\_\_\_\_\_  
Date