

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### RENTAL APPLICATION

APPLICANT'S RELATIONSHIP WITH A PA LICENSED BROKER	
<input checked="" type="checkbox"/> <b>No Business Relationship (Applicant is not represented by a broker)</b>	
Broker (Company) _____	Licensee(s) (Company) _____
Company License # _____	State License # <u>RS319138</u>
Company Address <u>236 California Road</u>	Direct Phone(s) <u>(724) 330-5800</u>
<u>Brownsville, PA 15417</u>	Cell Phone(s) <u>(412) 292-4980</u>
Company Phone <u>(724) 330-5800</u>	Email <u>info@tricityrents.com</u>
Company Fax <u>(724) 330-5805</u>	
Broker is (check only one):	Licensee(s) is (check only one):
<input type="checkbox"/> Tenant Agent (Broker represents Applicant only)	<input type="checkbox"/> Tenant Agent (all company licensees represent Applicant)
<input type="checkbox"/> Dual Agent (See Dual and/or Designated Agent box below)	<input type="checkbox"/> Tenant Agent with Designated Agency (only Licensee(s) named above represent Applicant)
	<input type="checkbox"/> Dual Agent (See Dual and/or Designated Agent box below)
<input type="checkbox"/> Transaction Licensee (Broker and Licensee(s) provide real estate services but do not represent Applicant)	

LANDLORD'S RELATIONSHIP WITH A PA LICENSED BROKER	
<input type="checkbox"/> <b>No Business Relationship (Landlord is not represented by a broker)</b>	
Broker (Company) _____	Licensee(s) (Company) _____
Company License # <u>RB067718</u>	State License # <u>RS319138</u>
Company Address <u>236 California Road</u>	Direct Phone(s) <u>(724) 330-5800</u>
<u>Brownsville, PA 15417</u>	Cell Phone(s) <u>(412) 292-4980</u>
Company Phone <u>(724) 330-5800</u>	Email <u>info@tricityrents.com</u>
Company Fax <u>(724) 330-5805</u>	
Broker is (check only one):	Licensee(s) is (check only one):
<input checked="" type="checkbox"/> Landlord Agent (Broker represents Landlord only)	<input checked="" type="checkbox"/> Landlord Agent (all company licensees represent Landlord)
<input type="checkbox"/> Dual Agent (See Dual and/or Designated Agent box below)	<input type="checkbox"/> Landlord Agent with Designated Agency (only Licensee(s) named above represent Landlord)
	<input type="checkbox"/> Dual Agent (See Dual and/or Designated Agent box below)
<input type="checkbox"/> Transaction Licensee (Broker and Licensee(s) provide real estate services but do not represent Landlord)	

PROPERTY INFORMATION	
(To be supplied by Broker for Landlord)	
Address _____	
Move-In Date _____	Term _____
Application Fee (non-refundable) <u>\$35.00</u>	Application Deposit \$ _____
Monthly Rent \$ _____	Security Deposit \$ _____
First Month's Rent \$ _____	Last Month's Rent \$ _____
<b>Rent and Security Deposit checks will be written separately.</b>	
Are pets permitted? ( <input type="checkbox"/> Yes) ( <input checked="" type="checkbox"/> No) May be subject to review. <b>Note:</b> The term "pets" does not include guide or support animals.	
Non-refundable Pet Fee \$ _____	Pet Rent \$ _____
Other _____	Other _____
Is rental insurance required for tenants? <u>YES</u>	

DUAL AND/OR DESIGNATED AGENCY
A Broker is a Dual Gent when a Broker represents both Landlord and Tenant in the same transaction. A Licensee is a Dual Agent when a Licensee represents Landlord and Tenant in the same transaction. All of Broker's licensees are also Dual Agents UNLESS there are separate Designated Agents for Landlord and Tenant. If the same Licensee is designated for Landlord and Tenant, the Licensee is a Dual Agent.
<b>By signing this Agreement, Landlord and Tenant each acknowledge having been previously informed of, and consented to, dual agency, if applicable.</b>

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**1. APPLICANT INFORMATION**

(A) The individual listed below is a(n):  Applicant  Co-signer

Each Co-signer must complete an application for the Property and will be considered an "Applicant" as defined in this form. If the application is approved and the parties enter into a lease, each Co-signer will be individually responsible for all of the obligations of the lease, including rent, fees, damages and other costs. Co-signers will not have the right to occupy the Property as a tenant without Landlord's prior written permission.

Full Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
How did you hear about the Property? \_\_\_\_\_

(B) Provide at least **two years** of history. Attach additional sheets if more space is needed.

Present Address & ZIP \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Rent/Mortgage \$ \_\_\_\_\_/mo.  Own  Rent  Other  
Landlord/Mortgage Co. Name & Phone \_\_\_\_\_

Previous Address & ZIP \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Rent/Mortgage \$ \_\_\_\_\_/mo.  Own  Rent  Other  
Landlord/Mortgage Co. Name & Phone \_\_\_\_\_

(C) **Is Applicant at least 18 years old?**  Yes  No  
Are you applying with anyone else?  Yes  No **A separate application must be completed for each applicant/co-signer.**

Name \_\_\_\_\_  Applicant  Co-signer  
Name \_\_\_\_\_  Applicant  Co-signer  
Name \_\_\_\_\_  Applicant  Co-signer  
Name \_\_\_\_\_  Applicant  Co-signer

Will anyone else be occupying the property?  Yes  No  
If yes, include the full name of any other person not listed above who will be occupying the property.

Name \_\_\_\_\_  18 or older  
Name \_\_\_\_\_  18 or older  
Name \_\_\_\_\_  18 or older  
Name \_\_\_\_\_  18 or older

**Check here if additional information is attached.**

**2. EMPLOYMENT INFORMATION**

Provide at least two years of history. Attach additional sheets if more space is needed.

Employer \_\_\_\_\_ Position \_\_\_\_\_  
City/State \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_/mo. **OR** \$ \_\_\_\_\_/hr., for \_\_\_\_\_ hrs. per week (on average)

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_  
City/State \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_/mo. **OR** \$ \_\_\_\_\_/hr., for \_\_\_\_\_ hrs. per week (on average)

**Proof of income attached**  
 **Check here if additional information is attached**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**3. OTHER INCOME USED FOR MONTHLY EXPENSES**

Alimony, child support, or separate maintenance income need not be revealed if Applicant does not wish to have it considered as a basis for paying this obligation.

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here if additional information is attached

**4. BANK ACCOUNT INFORMATION**

Bank Name	Account Type	Balance
_____	_____	\$ xxx
_____	_____	\$ xxx
_____	_____	\$ xxx

Check here if additional information is attached

**5. MONTHLY PAYMENTS**

Lender Name	Loan Type	Balance Due	Monthly Payment
xxx	_____	\$ xxx	\$ xxx
xxx	_____	\$ xxx	\$ xxx
xxx	_____	\$ xxx	\$ xxx

Check here if additional information is attached

**6. VEHICLE**

Include any cars, trucks, vans, motorcycles, trailers, boats and recreational vehicles.

Make/Model	Year	Color	License Plate/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here if additional information is attached

**7. PETS**

Does any Applicant or Occupant own any pets (or guide and support animals not considered "pets")?  Yes  No  
If yes, provide detail below.

	Pet 1	Pet 2	Additional Info
Type (cat, dog)	_____	_____	_____
Breed	_____	_____	_____
Age	_____	_____	_____
Weight	_____	_____	_____
Gender	_____	_____	_____

**8. OTHER INFORMATION**

- Yes  No Have you ever declared bankruptcy or suffered foreclosure?  
If yes, list any payments: \$ \_\_\_\_\_
- Yes  No Have you ever defaulted on your mortgage?
- Yes  No Have you been evicted or sued for unpaid rent or damages to leased property?
- Yes  No Have you ever refused to pay rent for any reason?
- Yes  No Have you ever been convicted of or entered a guilty plea or nolo contendere for a felony or misdemeanor?
- Yes  No Since January 1, 1998, have you been obligated to pay support under any order(s) of record? If yes:  
County \_\_\_\_\_ Domestic Relations File or Docket Number \_\_\_\_\_  
Amount \_\_\_\_\_ Are you delinquent? \_\_\_\_\_

If you answered "yes" to any of the above questions, it is not an automatic disqualification from residency. Please explain any "yes" answered provided above. \_\_\_\_\_

Check here if additional information is attached

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**9. CONDITION OF PROPERTY**

The Property will be leased in the same condition as it is shown unless otherwise provided in the lease.

**10. APPLICATION FEE**

The Application Fee is NON-REFUNDABLE and will not be applied towards rent or other financial obligations should Applicant be approved, nor refunded if not approved. Applicant agrees that this sum is paid in consideration of Landlord/Broker for Landlord’s review and/or verification of the information stated in the application.

**11. OBLIGATION TO ENTER INTO LEASE AGREEMENT/ DAMAGES**

Upon submission of this Application, Landlord/Broker for Landlord reserves the right to remove property from the available rent list. If this Application is denied by Landlord, the Application Deposit shall be refunded to Applicant. If this Application is approved and Applicant fails to rent the Property, Landlord shall be entitled to retain the Application Deposit.

**12. CONVICTED SEX OFFENDERS (MEGAN’S LAW)**

The Pennsylvania General Assembly has passed legislation (Often referred to as ‘Megan’s Law.’ 42 Pa.C.S. 9791 et seq.) providing for community notification of the presence of certain convicted sex offenders. Potential tenants are encouraged to contact the municipal police department or the Pennsylvania State Police for information relating to the presence of sex offenders near a particular property, or to check the information on the Pennsylvania State Police Web site at [www.pameganslaw.state.pa.us](http://www.pameganslaw.state.pa.us).

**13. NOTICE TO PERSONS OFFERING TO SELL OR RENT HOUSING IN PENNSYLVANIA**

- (A) Federal and state laws make it illegal for Landlord, Broker, or anyone to use RACE, COLOR, RELIGION or RELIGIOUS CREED, SEX, DISABILITY (physical or mental), FAMILIAL STATUS (children under 18 years of age), AGE (40 or older), NATIONAL ORIGIN, USE OR HANDLING/TRAINING OF SUPPORT OR GUIDE ANIMALS, or the FACT OR RELATIONSHIP OR ASSOCIATION TO AN INDIVIDUAL KNOWN TO HAVE A DISABILITY as reasons for refusing to sell, show, or rent properties, loan money, or set deposit amounts, or as reasons for any decision relating to the sale of property. The municipality in which the Property is located may have enacted an ordinance or other law that extends the protections for access to housing to additional classes of individuals, such as gay, lesbian, bisexual and transgender individuals and couples. Broker and Landlord are advised to check with your local municipality, representative from the Pennsylvania Human Relations Commission, or your own attorney for further guidance.
- (B) The Fair Housing Act prohibits rental practices which have a discriminatory effect on members of protected classes, including outright bans on offering housing to individuals based on arrests or convictions without a case-by-case assessment of relevant mitigating factors. Consideration of an applicant’s criminal history must be limited to convictions and should include an evaluation of the nature and severity of the offense, the amount of time that has passed since the criminal conduct occurred, and whether denial of the application will serve a substantial, legitimate, nondiscriminatory interest. Selective use of an applicant’s criminal history as a pretext for intentional discrimination based on race, national origin, or other protected characteristics may be a violation of the Act, as well.

**14. FAIR CREDIT REPORTING ACT**

If the Landlord or Broker denies your application based in whole or in part on any information contained in the consumer report authorized by paragraph 16 of this Application, the Landlord or Broker must provide you with oral, written or electronic notice of the denial, and must provide to you: (1) the name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency if the agency compiles and maintains files on consumers on a nationwide basis) that furnished the report, (2) a statement that the consumer reporting agency did not make the decision to deny the application and is unable to provide you with the specific reasons why your application was denied, (3) a numerical credit score, the range of possible credit scores under the model used, up to four of the key factors that led to the denial, and the date the credit score was created (4) information about how to obtain a free copy of your consumer report from the consumer reporting agency, and (5) information about how to dispute the accuracy or completeness of any information in a consumer report furnished by the agency. If the Landlord or Broker denies your application because of information from a person other than a credit reporting agency (for example, an employer or prior landlord), the Landlord or Broker must provide you with notice about your right to make a written request to discover the nature of that information.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**15. SPECIAL CLAUSES**

(A) **The following are part of this Application if checked:**

<input type="checkbox"/>	Advanced Payment Addendum (PAR Form APA)
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

(B) Additional Terms: \_\_\_\_\_  
\_\_\_\_\_

**16. AUTHORIZATION**

By initialing below, Applicant makes the following authorization(s):

\_\_\_\_\_ Applicant authorizes Landlord or Broker for Landlord to obtain any information deemed necessary to evaluate this Application. This information may include, but is not limited to, credit reports, criminal history, judgments of record, rental history, verification of employment and salary, employment history, vehicle records, and licensing records. Broker for Landlord may report to Landlord any information obtained by Broker for Landlord for evaluation of the Application. Applicant acknowledges that all information in the Application is true and correct. Applicant acknowledges that if applicant presents false or incomplete information Landlord may reject this Application. Applicant understands that giving false or incomplete information may result in forfeiture of any payments made in connection with this Rental Application.

\_\_\_\_\_ Applicant understands and acknowledges that Applicant’s social security number, driver’s license number, date of birth, or other personal identifying information may be required in order for Landlord or Broker for Landlord to evaluate this application. If requested, Applicant agrees to provide the information on a separate form such as the Social Security Number Authorization (PAR Form SSA). Failure to provide this information may result in the denial of your application.

\_\_\_\_\_ Applicant agrees that Broker(s), his/her agent(s) and/or employee(s) may provide Applicant’s social security number, individual taxpayer identification number, driver’s license information and date of birth to lenders, title agencies, credit reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining the existence of domestic liens, or for obtaining a criminal background report (for prospective tenants only). Applicant understands that Brokers have no control over the use of any information after it is disclosed to a third party and agrees to release and hold Brokers harmless from any and all liability for any misuse or subsequent disclosure by any third party of the information or reports disclosed by Broker pursuant to the terms of this authorization.

\_\_\_\_\_ Applicant authorizes the Broker for Landlord to contact the Applicant directly.

**I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.**

**APPLICANT NAME (PRINTED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_

**SOCIAL SECURITY NUMBER AUTHORIZATION**

**APPLICANT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPLICANT ADDRESS** \_\_\_\_\_

**APPLICANT SOCIAL SECURITY NUMBER** \_\_\_\_\_

**APPLICANT DATE OF BIRTH** \_\_\_\_\_

**BROKER** Tri County Realty Associates, LP

A separate authorization form must be completed for each consumer involved in a real estate transaction.

I AGREE THAT Broker(s), his or her agent(s) and/or employee(s) may provide my social security number to lenders, title agencies, credit reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining the existence of domestic liens, obtaining a criminal background report (for prospective tenants only), ordering a mortgage payoff or for purposes of satisfying requirements of the Patriot Act.

**APPLICANT UNDERSTANDS THAT BROKER HAS NO CONTROL OVER THE USE OF ANY INFORMATION AFTER IT IS DISCLOSED TO A THIRD PARTY. APPLICANT AGREES TO RELEASE AND HOLD BROKER HARMLESS FROM ANY AND ALL LIABILITY FOR ANY MISUSE OR SUBSEQUENT DISCLOSURE BY ANY THIRD PARTY OF THE INFORMATION OR REPORTS DISCLOSED BY BROKER PURSUANT TO THE TERMS OF THIS AUTHORIZATION.**

**Consumer's signature serves as an acknowledgment of receipt of a copy of this authorization.**

**APPLICANT NAME (PRINTED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_

## GUARANTY OF PAYMENT OF RENT UNDER LEASE

Guaranty made the date set forth below by the Guaranty made the date set forth below by the undersigned who resides at the address indicated below, hereinafter referred to as a Guarantor.

### **Recitals**

Landlord has agreed to lease the premises described below to the person named below as Resident conditioned on Guarantor's giving security for payment of rent and performance of the lease with the Resident in the form of this personal guaranty in the consideration of Landlord's entering into the lease with the Residence and the Guarantor agrees as follows.

### **Section I: Statement of Guaranty**

Guarantor guarantees payment of rent and all other cost and the charges, including attorney's fees, under any lease entered into with the Resident pursuant to the terms of the lease. If Resident defaults in the payment of any installment of rent, Guarantor shall pay the amount of such installment or the accelerated balance at the option of Landlord within ten (10) days after the notice of the default and demand for payment mailed to the Guarantor's address set forth below. Guarantor's liability under the guaranty shall not be affected by the reason of any extension of time for payment of any installment granted by Landlord to Resident or by reason of any consent to sublease given by Landlord at Resident's request.

### **Section II: Duration**

This guaranty may not and shall not be revoked during the initial term of the lease. Thereafter, if the lease is renewed, even if on different terms, the guaranty shall remain in force until receipt by Landlord of written notice of revocation from Guarantor.

### **Section III: Attorney Fees, Costs, and Interest**

Guarantor agrees to pay Landlord's actual attorney's fees and expenses in the enforcement of the lease and this guaranty prior to subsequent to judgment and in any and all trial and appellate tribunals, whether suit be brought or not if, after default, counsel shall be employed by Landlord. All amounts due hereunder shall bear interest at the highest rate allowed by law from the date of default until paid. This guaranty is to be performed in Washington County, Pennsylvania and any action based on this instrument shall be brought in the appropriate court located in that county and in no other court.

### **Section IV: Waiver of Notice of Acceptance**

Notice of acceptance of this guaranty is expressly waived. When used herein, the singular pronoun or verb shall include plural.

**Applicant/Resident:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

### **GUARANTOR'S INFORMATION:**

**Name (Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:**

**(C):** \_\_\_\_\_

**(H):** \_\_\_\_\_

**(W):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Income: \$** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_

**State Issued:** \_\_\_\_\_

You represent that all of the information provided is true and complete and you authorize verification of information and credit reports. Please include a copy of your driver's license.

**Guarantor's Signature \*(NOTARIZED):**

\_\_\_\_\_

This was sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**NOTARY SIGNATURE:**

\_\_\_\_\_

*The person above has either produced ID or is personally known to me.*

My commission expires on: \_\_\_\_\_