



CAROLE HOUSE APARTMENTS

8650 West Chester Pike
 Upper Darby, PA 19082
 Phone: 610-284-4900
 Fax: 610-284-9901

E-Mail: lindenwood@mckeegroup.net

Applicant Information

Name:		("Applicant")	
Date of birth:	SSN:	Phone:	
Driver's License #:	State Issued:		
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Name of Owner/Manager at Current address:		Phone number:	
Reason for Moving:			
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	

Employment Information

Current employer:		Supervisor's Name:	
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	

Co-applicant Employment Information

Current employer:		Supervisor's Name:	
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	

Dependents who will occupy the apartment			
Name:		Age:	
Name:		Age:	
Name:		Age:	
Vehicle			
Make:	Model:		Year:
License Plate Number:		State Issued:	
Personal History			
Have you ever been evicted?		State Eviction Occurred:	
If Yes, please explain:			
Have you ever filed for Bankruptcy?			
If Yes, please explain:			
Have you ever plead to or been convicted of a felony or misdemeanor?			
If Yes, please explain:			
Are there any pending or current criminal cases against you or a member of your family?			
If Yes, please explain:			
Have you or anyone on this application ever been placed on probation, parole or released from jail?			
If Yes, please explain:			
Authorization			
I authorize the verification of the information provided on this form as to my credit and employment. I specifically authorize Management to obtain a report from a credit reporting agency for the purpose of evaluating this application. I have received a copy of this application.			
Signature of Applicant:		Date:	
Signature of co-applicant:		Date:	

OFFICE USE ONLY:

Apt. #		Rent	\$
Size		Security Deposit	\$
Move In Date		Key Deposit	\$
Source/Refer.		LMR Deposit	\$
Non-Refundable Application Fee	\$	Prorated Rent	\$
Due at the time of move-in	\$		

General Conditions

A **non-refundable** application fee of **\$60.00** is required for processing this Application, payable upon submission of this Application. Results of the processing of this Application shall be delivered via telephone, fax or mail. If this Application is approved, Applicant expressly agrees to rent this property. Within five (5) days of approval, Applicant shall pay a deposit of **\$300.00** (the "Deposit"). Failure to pay the Deposit within the five (5) day period will result in the cancellation of this Application. Prior to move-in, Applicant shall complete and execute a lease on Management's forms (and any other required documentation). The Deposit shall be applied to amounts due at the time of execution of the lease; however, if Applicant fails to execute a lease when requested by Management, the Deposit shall be retained (and Applicant agrees that the Deposit may be retained) as liquidated damages since other prospective tenants may have been turned away and it may be necessary for Management to re-advertise the property and evaluate other applicants. Upon execution of the lease, Applicant shall pay the following by certified check or money order: (1) a security deposit equal to one month's rent (minus any deposits); (2) a \$20 key deposit; and (3) first month's rent.

A PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE ID CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2 (s) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THIS APPLICATION (), OR WILL BE PROVIDED (). I declare that this Application is complete, true and correct and I give my permission for anyone contacted to release the credit or personal information of the undersigned Applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify this Application information, including, but not limited to, obtaining criminal records, obtaining a credit report from a credit reporting agency, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of this Application and at any time in the future, with regard to any lease or other agreement entered into with Management. Any false information will constitute ground for rejection of this Application, or Management may at any time immediately terminate the lease or any other agreement entered into with Applicant in reliance upon misinformation given on this Application.

Non U.S. Citizens are welcome to complete this Application, but must be a permanent resident holding an I-551 green card and be issued a social security number that will generate a risk score that reflects no outstanding negative accounts. Temporary status **will not** be accepted.

Carole House Apartments is pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Signature: _____

Date _____

**Co-applicant
Signature:** _____

Date _____