

		TENANT APPLICATION			
APPLICANT _____	Date _____	Complex _____	Size _____	Challenged _____	Unit _____
		TENANT INFORMATION		CO-TENANT INFORMATION	
NAME:					
HOME PHONE #:					
CELL PHONE #:					
DOB					
SOCIAL SECURITY #					
DRIVER'S LIC/ STATE, #, EXP					
E-MAIL ADDRESS:					
NOTE TYPE OTHER FORM OF I.D.					
CURRENT ADDRESS					
CURRENT MONTH RENT/PAY					
HOW LONG AT THIS ADDRESS	In / /	Out / /		In / /	Out / /
REASON FOR MOVING NOW					
CURRENT MGMT.CO./LANDLORD					
MANAGER'S NAME					
MAIL ADDRESS -MANAGER					
PHONE# MANAGER (area code)					
FAX # MANAGER					
# 2 PREVIOUS ADDRESS					
HOW LONG AT THIS ADDRESS	In / /	Out / /	RENT \$ _____	In / /	Out / / RENT \$ _____
REASON FOR MOVE					
MGMT.CO./ LANDLORD					
MANAGER'S NAME					
MAIL ADDRESS -MANAGER					
PHONE# MANAGER (area code)					
FAX # MANAGER					
Are you a Citizen of the U.S.A ?					
If Not, Do you have a legal right to be in the U.S.A ?		(copy documentation)			
PETS:	Type:	Age:			
Child Name			SS#	DOB	
Child Name			SS#	DOB	
Child Name			SS#	DOB	
EMPLOYMENT INCOME & ADDITIONAL INCOME					
PRESENT EMPLOYER:					
SUPERVISOR'S NAME					
EMPLOYER'S MAIL ADDRESS:					
EMPLOYER'S PHONE #:					
FAX #					
APPLICANT'S POSITION:					
HOW LONG WITH COMPANY:					
SALARY/ HOURLY WAGE RATE					
HOW MANY HRS. WORKED / WK					
PERM/TEMP FULL/PART TIME					

OTHER INCOME/SAVINGS	TENANT INFORMATION	CO-TENANT INFORMATION
TOTAL INCOME FROM EMPLOYMENT	Year/ Mo	
SOCIAL SEC/ UNEMPLOY:		
ALIMONY / CHILD SUPPORT:		
Interest, Commision, Pension, etc		
PUBLIC ASSIS/ GI BILL		
Checking/Saving Acct Balance		
Checking/Saving Acct #		
Other Assets (ie Stocks)		
EXPENSES	CREDIT INFORMATION AND REFERENCES	
Do you expect your credit to be favorable?		
CREDIT CARD BAL. + TYPE		
Credit Card Monthly Payment and Balance		
CHILD CARE COSTS:		
MEDICAL COST		
LOANS (ie. Car, School) \$ Payable to		
ANY OTHER MONEY OWED		
DEBT: How Much & To Whom Owed		
VEHICLE IDENTIFICATION	MAKE & MODEL	YEAR
		COLOR
ADDITIONAL REFERENCE NAME :		
Relationship (family not acceptable)		
How to Contact		
EMERGENCY CONTACT:	NAME:	NAME:
	DAY #:	DAY #:
	EVENING #:	EVENING #:
	ADDRESS:	ADDRESS:
	RELATIONSHIP:	RELATIONSHIP:

I / We understand the above information must be completed in full detail, or the application may be eliminated from its numerical standing.

If I / We withdraw this application, I/we agree to forfeit our full application fee and/or any prepaid security deposit.

We authorize SunnyHill Properties, Inc to do whatever credit inquiries it deems necessary relating to this application.

All information set forth in this application is declared to be a true representation of facts made to obtain a rental unit.

Any willful misrepresentation of information will result in the forfeiture of my deposit and may result in criminal charges.

We will cooperate with a home inspection visit to be made of your current residence as part of this application process.

I/We acknowledge that we have read and understand the Tenant Selection Criteria.

OWNER OF PROPERTY & PRES. OF MGMT CO. IS PA. LICENSED REAL ESTATE BROKER.

The person taking your application is employed by and working on behalf of the Broker-Owner or is the Broker/ Owner.

TENANT'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

CO-TENANT'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

LESSOR'S AGENT'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_