

PARK FOREST APARTMENTS / FARMSTEAD TOWNHOMES

901 E West Aaron Dr., State College, PA 16803

phone (814) 238-1443 fax (814) 238-1966

ParkForestInfo@Apt-SC.com

RENTAL APPLICATION

Date of Application: _____

Date you need in by: _____

Name: _____

Date of Birth: _____

Social Security #: _____

Spouse Date of Birth: _____

Spouse: _____

Email (spouse): _____

Social Security #(spouse): _____

Phone (spouse): _____

Email: _____

Street: _____

Number of Children: _____

City/State/Zip: _____

Phone: _____

Names/Ages: _____

Vehicle to be parked on premises? (please circle)

NO YES, if yes type: _____

Pets to be kept on premises? (please circle)

NO YES (2 limit), if yes type/how many: _____

List all expected occupants, including yourself and any children, if applicable

1. _____ 2. _____ 3. _____ 4. _____
Max. occupancy per unit: 1 bedroom-2 people, 2 bedroom-3 people, 2 bedroom townhome-4 people

Current Living Arrangements? (Circle One) a) At Home b) On-Campus c) Off-Campus, If off-campus:

Present Landlord: _____ Phone #: _____

How long? _____ Reason for leaving: _____

PSU Student? Yes / No, if yes - a) Year Standing: _____ B) Anticipated Graduation Date: _____

Employed? Yes/No - Employer _____ Phone No. _____

How long? _____ Wage: \$ _____ Position/title _____ Supervisor: _____

Address _____

Have you ever been? Circle your Answer - If "Yes" please explain on back

Broken a lease? Y / N Been Evicted? Y / N Convicted of a felony? Y / N Filed for Bankruptcy? Y / N

EMERGENCY CONTACT

Name: _____ Relationship to Applicant: _____

Phone #: _____ E-mail Address: _____

Street: _____ City/State/Zip: _____

Lead-Based Paint Disclosure - Park Forest Apartments Applicants

Federal Law requires Landlords to disclose the presence of known lead-based paint and/or lead-based paint hazards in any housing built before 1978. This is to advise that Landlord has no knowledge if the property contains lead-based paint & that prior to move-in Landlord will provide new residents a federally approved pamphlet on lead poisoning hazards & prevention.

APPLICATION CONDITIONS

CONSUMER NOTICE: By signing this application, Applicant acknowledges that they have been informed that any Park Forest Apartments/ Farmstead Townhomes employees they have had contact with have been acting as direct employees of the owner/landlord.

Applicant understands that any security deposit received will be cashed immediately. The security deposit will be held in escrow until the lease is terminated and the applicant vacates the apartment. Applicant shall not apply the deposit towards any rent owed. I hereby warrant that the information provided on this application is true and correct to the best of my knowledge. Should any statement be a misrepresentation or untrue, the deposit submitted with this application shall be retained to offset the costs, time and effort in obtaining and processing my application.

In the event that I withdraw my application prior to acceptance or rejection of it by the agent or owner, I understand this deposit is not refundable. After being notified of the approval, I agree to fully execute the lease and return it to the Landlord WITHIN 5 DAYS. Failure to do so will result in the forfeiture of the deposit. If the application is not approved, the deposit will be refunded.

I hereby give Park Forest Apartments/Farmstead Lane Townhomes permission to obtain my credit report. I also authorize any past or present landlords, employers or other references to release any facts necessary to confirm the information provided in this application.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____