

PARK FOREST APARTMENTS / FARMSTEAD TOWNHOMES

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

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ParkForestInfo@Apt-SC.com

RENTAL APPLICATION

Property: _____ **Apartment Type:** _____ **Expected Move In Date:** _____

Name: (*Full Legal Name*): _____ **Date of Birth:** _____ **Age:** _____

Street (*Current Address*): _____ **City:** _____ **State:** _____ **Zip:** _____

Cell Phone #: _____ **E-mail:** _____ **Social Security #:** _____

PSU Student? (Please circle) No Yes **Current Year Standing:** _____ **Anticipated Graduation Date:** _____

Spouse Information (*If Married*)

Spouse (*Full Legal Name*): _____ **Date of Birth:** _____ **Age:** _____

Street (*Current Address*): _____ **City:** _____ **State:** _____ **Zip:** _____

Cell Phone #: _____ **E-mail:** _____ **Social Security #:** _____

PSU Student? (Please circle) No Yes **Current Year Standing:** _____ **Anticipated Graduation Date:** _____

Current Living Arrangements? Home On-Campus Landlord

(if applicable) **Present Landlord:** _____ **Phone #:** _____

Qualifying for Apartment: Parent(s)/Guardian(s) Employment Other

If Qualifying With Income, Please Provide The Following Information:

Position/Title: _____ **How long:** _____ **Yearly Income From Employment:** \$ _____

Employer: _____ **Supervisor:** _____ **Phone #:** _____

Additional Income (Spouse): _____

Other Information: *Please circle and if Your Answer is "Yes" to any Question(s) Please Explain*

Broken a Lease: No Yes _____

Been Evicted: No Yes _____

Convicted of a Felony: No Yes _____

Filed for Bankruptcy: No Yes _____

Pets to be kept on premises? (Please Circle One) No Yes (If Yes, Limit 2 pets per unit) 1. Type: _____ 2. Type: _____

Vehicle to be parked on premises? (Please Check One) No Yes

Make: _____ **Model:** _____ **Color:** _____ **LP#:** _____

Make: _____ **Model:** _____ **Color:** _____ **LP#:** _____

(continued)

Occupants: (Please include any roommates, spouse, and children, if applicable)

Name:	Relationship:
1) _____	_____
2) _____	_____
3) _____	_____

Emergency Contact Information:

Name: _____ Relationship: _____ Email: _____

Street: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____

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: Staff of Park Forest are direct employees of the owner/landlord. By signing below, the applicant acknowledges and understands that Park Forest employees are working on behalf 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: _____