



Residential Lease Application

Each adult, 18 years and older, must complete a separate application. Incomplete applications cannot be processed. A \$45.00 non-refundable application fee (money order or certified bank/ cashier's check) must be submitted with each application. Along with the completed application, a deposit of 1 month's rent MAY be made to place the apartment on hold for you while these materials are being reviewed. Should you decide NOT to move forward prior to lease signing, this deposit is non-refundable to help offset the financial loss of stopping future showings. You are not required to put down the deposit, but showings will continue and applications will be accepted until a deposit is received on the apartment you desire. Deposit will be credited toward funds due at lease signing. Deposits are only returned if the application is NOT approved.

Applicant Information

Name: Last	First	Middle	Date of Birth	Social Security #	Driver's License #
Other names you have used in the past			Home Phone	Cell Phone	
			Email		
All other proposed occupants			Date of Birth	Relationship to Applicant	
2)					
3)					
4)					

Apartment Desired

1 Bedroom, 1 Bath				1 Bedroom, 1 Den, 2 Bath			2 Bedroom, 2 Bath	
204	206	207		201	202	203	205	
304	306	307		301	302	303	305	
Parking Spaces Desired				Length of Lease (2 year minimum)			Rent per Month	
None	1 space	2 spaces	3 spaces	2 years	3 years	4 years	5 years	\$ _____

Current Residence

Street Address			City	State	Zip	Residency From	Residency To
Reason for Leaving			Did you give notice?		Were you asked to move? / Why?		
Do you: Rent / Own?		Cost per month	Owner/Manager Name	Phone Number		Current Billing Name(s) for Utilities?	

Previous Residence

Street Address			City	State	Zip	Residency From	Residency To
Reason for Leaving			Did you give notice?		Were you asked to move? / Why?		
Rent / Own?		Cost per month	Owner/Manager Name	Phone Number		Billing Name(s) for Utilities?	

Prior Residence

Street Address			City	State	Zip	Residency From	Residency To
Reason for Leaving			Did you give notice?		Were you asked to move? / Why?		
Rent / Own?		Cost per month	Owner/Manager Name	Phone Number		Billing Name(s) for Utilities?	

Employment History

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone #			
Occupation			
Supervisor's Name			
Monthly Gross Salary			
Employed: From / To			

Vehicles

Make	Model	Color	Year	License Plate
1)				
2)				

Credit History

	Bank / Institution Name	Phone Number	Balance on Deposit	(or) Balance Owed
Savings Account				
Checking Account				
Credit Card				
Auto Loan				

Personal References (List Nearest Relative First)

Name	Years Known	Relationship	Street Address, City, State, Zip	Phone Number

By signing this application, you grant permission to communicate with any of the contacts listed in this section in the event we cannot locate you. If you abandon the apartment for any reason, you grant permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

Additional Information

Have you ever been served a late rent notice?		Liberties Gateway is a Smoke-Free residence. Do you or anyone who will be living in the apartment smoke?		
How long do you foresee renting from Liberties Gateway?		Have you ever filed for bankruptcy? If so, when?		
Range of Move-In Dates:		Have you ever been served an eviction notice? If so, when?		
Earliest:		Latest:		
Have you or anyone who will be living in the unit ever been convicted of a felony? If yes, explain:				
Are you or anyone who will be living in the unit a convicted sex offender? If yes, explain:				
Liberties Gateway is a Pet-Free residence. Do you currently own any pets?		If so, will you be able to relocate them?		
Have you had any recurring problems with your current apartment or landlord? If yes, explain:				

Additional Information (cont'd.)

List other verifiable sources and amounts of income you wish to have considered (optional):
If you were to encounter financial difficulty in the future and you could not pay the rent, do you know someone that would loan you the money? If so, provide that person's name, address, and phone number so that we can use them as a reference for you.
Have you been party to a lawsuit in the past? If yes, please explain?
We will run a credit check and a criminal background check. Is there anything negative that we will find that you want to comment on?
How did you hear about this apartment?
Referrals: Do you know of anyone else who is currently looking for an apartment? Please provide their name and phone number.

Agreement & Authorization Signature

I believe that the statements made above are true and correct, and authorize a credit and/or criminal background check using the information provided. I also authorize communication with any of the contacts listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or in part. Regardless of whether my application is approved or declined, I understand that the application fee is non-refundable, and covers the cost of processing my application. Any questions regarding declined applications must be submitted in writing and be accompanied by a self-addressed stamped envelope.		
Printed Name:	Signature:	Date:

PLEASE SUBMIT A COPY OF THE FOLLOWING WITH THIS APPLICATION:

- 1. Copy of Valid Driver's License (or government issued photo ID)**
- 2. Pay Stub (If you are not employed, provide proof of your income)**
- 3. W9 Form (this is required by the bank when opening an escrow account)**
- 4. \$45 application fee made payable to Liberties Gateway, LP. (Can be paid by money order or certified bank/cashier's check)**
- 5. Deposit (if any, see paragraph at top of this application)**

Please mail or deliver this application with the above materials to:

Liberties Gateway, LP, c/o Penn Herb Company, Ltd., 10601 Decatur Road, Philadelphia, PA 19154-3293