



RENTAL APPLICATION
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412-943-7660

Today's Date: _____ Occupancy Date Desired: _____

Rental Price Range: _____ Type/Size Desired: _____

Rental Address Shown: _____

APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Birthdate: _____ Driver's License/ID Number/State: _____

Profession or Nursing Registration number: _____

Social Security #: _____ Email address: _____

Phone # _____ Credit Score _____

Spouse/ co- applicant

Last Name: _____ First: _____ Middle: _____

Birthdate: _____ Driver's License/ID Number/State: _____

Social Security #: _____ Email address: _____

Phone # _____ Credit Score _____

Additional Occupants (List every occupant name and their relationship and age below, including children)

Breed of pet _____

Preferred Method of "Worry-Free" Standard Rental Payments:

Electronic Banking _____ Payroll Deduction _____ Charge Card _____ Debit Card _____

_____ **Auto Draft from my bank account monthly, Pop Money or Venmo**

Other method of payment which requires additional \$10.00 handling fee: Check ___ Money Order ___

How long do you plan on living in the next rental home that meets your needs? _____

Would you like to purchase a home within the next 2 to 3 years? _____ If so, what size/type property would you like to buy? _____ What area? _____

Would you be interested in our Future Home Buyers Program to help you find and buy your first home? _____

Are you able to handle all the minor maintenance/upkeep in the property Yes ___ No ___.

Check the following items that you own -

Vacuum Cleaner ___ Mop ___ Broom ___ Plunger ___ Lawn Mower ___

Appliances ___ Gas Stove ___ Refrigerator ___ Washer ___ Gas Dryer ___ Electric Dryer ___ other _____

Check all professional level skills possessed: Electrical ___ Painting ___ Plumbing ___

Roofing ___ Appliance repair ___ Air Conditioning ___ Heating ___ Carpentry ___

Do you have renter's insurance? _____ Agency _____ Do you have any water-filled furniture? _____
 Have you ever broken a lease? _____ Have you ever refused to pay rent for any reason? _____
 Have you ever been evicted or asked to leave a rental unit? _____ Ever filed for bankruptcy? _____ When? _____
 Ever been convicted of a crime _____ Will you give us permission to do a criminal background check? _____
 Do you currently have any utilities in your name? _____ Do you currently have phone service in your name? _____
 Is there anything to prevent you from placing utilities or phone in your name? _____
 Do you know of anything or any reason which may interrupt your ability to pay rent? _____ What? _____

RESIDENCE HISTORY

Present Street Address _____
 City _____ State _____ Zip _____
 Dates lived at this address? _____ Own _____ Rent _____ Occupy _____
 Current Phone _____ How many pets did you have? _____ Type _____
 Name of present landlord/owner/mortgage company: _____
 Address of present landlord/mortgage company: _____
 Landlord's phone: _____ Monthly payment: _____
 Reason for moving: _____ Is your rent/mtg current? _____
 Number of late payments? _____ Security Deposit **Amount** currently held by landlord? _____

Previous Residence Address: _____
 Previous landlord: _____ Previous landlord's phone: _____
 Dates at this address: _____ Reason for moving? _____
 Was your Full Security Dep. Returned? _____ # of late payments? _____ Monthly payment? _____

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 Previous landlord: _____ Previous landlord's phone: _____
 Dates at this address: _____ Reason for moving? _____
 Was your Full Security Dep. Returned? _____ # of late payments? _____ Monthly payment? _____

INCOME HISTORY

Applicant's current employment status:
 Full-time _____ Part-time (less than 32hrs) _____ Student _____ Retired _____ Self-employed _____
 Unemployed _____ Other Income _____

Primary source of employment:

Applicant employed by: _____ Supervisor's name: _____
 Professional License # _____
 Average Weekly hours: _____ How long at the place of employment? _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Position: _____ Salary: _____
 Please circle... Weekly, Bi-Weekly, Monthly, or Annual Average Take home:\$ _____

Additional Employment or Spouse Employment

Employed by: _____ Supervisor's name: _____
 Professional License # _____
 Average Weekly hours: _____ How long at the place of employment? _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Position: _____ Salary: _____
 Please circle... Weekly, Bi-Weekly, Monthly, or Annual Average Take home pay:\$ _____

ADDITIONAL INCOME / PAYMENT INFORMATION

In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?

1st Emergency Contact: _____
 Relationship _____
 Address _____
 Phone# _____ 2nd Phone # _____

2nd Emergency Contact: _____
 Relationship _____

Address _____

Phone _____ 2nd phone # _____Do you currently have a **savings account**, line of credit, or charge card sufficient to cover one month's rent?

Name of bank or credit card _____

ADDITIONAL INCOME: (optional)

If there are additional, verifiable sources of income you would like considered, Please list income source (i.e., Annuity, self-employment, social security, Food Stamps, Disability payments, Military benefit payments, etc.), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: _____ Amount: \$ _____ Per _____

Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____ How long do you expect this income continue?

_____ Is there any reason it would stop? _____

Additional Source: _____ Amount: \$ _____ Per _____

Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____ How long do you expect this income continue?

_____ Is there any reason it would stop? _____

List your **TOTAL INCOME** from **ALL Sources** here \$ _____**ASSETS / CREDITS / LOANS**

Number of vehicles? _____ Valid registration & inspection? _____

Do you have any commercial vehicles, _____ RV, campers, boats or motorcycles? _____

Vehicle 1-make/model/color/year _____

Please note, only cars on application are authorized to be on premises.

Plate number _____ State _____

Financed/leased through _____

Contact and phone number _____

Acct. # _____ Monthly payment _____

Vehicle 2-make/model/color/year _____

Please note, only cars on application are authorized to be on premises.

Plate number _____ State _____

Financed/leased through _____

Contact and phone number _____

Acct. # _____ Monthly payment _____

CREDIT CARDS, LOANS (including banks, department store, gas cards, student loans)

Creditor: _____

Address _____

Phone: _____ Acct. #: _____

Total Amount owed: _____ Monthly payment: _____ Are your payments current? _____

Other Creditor: _____

Address _____

Phone: _____ Acct. #: _____

Total Amount owed: _____ Monthly payment: _____ Are your payments current? _____

List any other current monthly expenses? Enter dollar values here.

Hospital payment _____ Health Insurance _____ Auto Insurance _____

Renter's Insurance _____ Child care _____ Tuition _____

Cable TV _____ Cell Phones _____ Other _____

BANK REFERENCE

Name of bank and branch: _____ Phone: _____

Branch address: _____

Checking Acct. #: _____

Savings Acct#: _____

How long account active, (Checking) _____ (Savings) _____ Average monthly balance, (C) _____ (S) _____

PERSONAL/PROFESSIONAL REFERENCES

Character/Personal reference:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Relationship? _____ How long? _____ Phone _____

Professional reference (i.e. attorney, accountant):

Name _____
 Address _____
 City _____ State _____ Zip _____
 Relationship? _____ How long? _____ Phone _____

Name of Nearest Living Relative:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Relationship? _____ How long? _____ Phone _____

Name of Doctor or Health Care Provider:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Relationship? _____ How long? _____ Phone _____

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? _____

If Management has a question regarding this application, please furnish the best contact phone number:

Day phone/contact person: _____
 Night phone/contact person: _____

THANK YOU!

Thank you for completing an application to rent from us. Please sign below. Please note that a completed application requires submission of the following which will be copied and attached to this application:

- Driver's License or Sheriff's picture ID. Note: rentals will not be shown without picture ID
 Personal check (to verify bank) 2 months of most current pay stubs of each income source listed
 If self-employed, most current Schedule C tax return and proof of current income

A fee of \$ **35.00** is charged on all rental applicants for the purpose of verifying the information furnished on an online credit and criminal background inquiry following this application. By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary. This fee is paid by the applicant online and the results are yours to keep as well as sent to us directly from Smartmove.com. Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

FREE UPGRADE BONUS

Final note: Our company offers a free upgrade for residents who recommend friends, relatives or co-workers to us and they meet our minimum criteria and decide to rent from us or be placed on our priority waiting list. If your application is accepted, you may be able to qualify for a free upgrade in your new residence. Please give the name of a friend, relative or co-worker along with a phone number and we will contact them to see if they too would like to apply and rent one of our homes. The following person(s) may be interested in renting a home:

Friend looking for a home _____ Phone _____

Applicant's signature: _____ Date: _____

_____ Phone _____

Co Applicant _____ Phone _____