

LANDLORD TO COMPLETE THIS SECTION

Landlord's Name _____ Phone _____ Fax _____

Location of rental unit applying.

Street Number _____ Directional: N,S,E,W,
NW,NE,SE, SW _____ Street Name or Rural address _____

_____ Type: (Street, Drive, Lane etc.) _____ Apt. # _____ Floor # _____

_____ City _____ State _____ Zip _____

Monthly Rental amount: \$ _____ # of rental units in building: _____

CHECK UTILITIES/SERVICES TO BE PAID BY TENANT

- Gas: Heat Cooking Hot Water Clothes Dryer Clothes Washer
Electric: Heat Cooking Light Hot Water Dishwasher Clothes Dryer Window A/C
Propane: Heat Cooking Hot Water **Fuel Oil:** Heat **Water:** **Sewage**
Community and/or/Private Rubbish Removal Fees **Municipal Fees**

Each unmarried adult person to occupy the rental unit is required to complete a separate Residential Tenant Qualification Application and pay the required processing fee of \$ _____ (Not refundable: Approved, rejected or cancelled).

APPLICANT TO COMPLETE THE FOLLOWING SHADED AREAS

Section 1.

Last name: (Print) _____

(Print) _____
First Name _____ M. I. _____ Suffix, Sr, Jr, etc _____ Social Security Number (No hyphen) _____

Date of Birth _____ (Example 06 14 1979)
Month _____ Day _____ Year _____

Spouse:
Maiden name: (Print) _____ Divorced name: (Print) _____

_____ First Name _____ M.I. _____ Suffix _____ Social Security Number (No hyphen) _____

Date of Birth _____ (Example 06 14 1979)
Month _____ Day _____ Year _____

Section 2. ONLY THE LISTED PERSONS ARE TO OCCUPY THE RENTAL UNIT

Adults: 18 years and older

Minors: 17 years or less

"Avoid the Tenant from Hell"

Section 3.

PRESENT ADDRESS

Street Number _____ Directional: N,S,E,W, NW,NE,SE, SW _____ Street Name or Rural address _____

(Print) _____

Type: (Street, Drive, Lane etc.) _____ Apt. # _____ Floor # _____

(Print) _____

City _____ State _____ Zip _____

Date moved in: _____ / _____ mm/yyyy Example: 06/2004 Mo. Rental Amt: \$ _____

Present Landlord/Mortgage Information

My monthly rental or mortgage is paid to: (Check the appropriate block)

- Own Mortgage Co. To Owner
 Rental Estate Management co. Living with Relative Living with Friend.

(Print) _____

Name _____ Phone _____

(Print) _____

Street Number _____ Directional: N,S,E,W, NW,NE,SE, SW _____ Street Name or Rural address _____

(Print) _____

Type: (Street, Drive, Lane etc.) _____ Apt. # _____ Floor # _____

(Print) _____

City _____ State _____ Zip _____

Section 4.

1ST PRIOR ADDRESS

(Print) _____

Street Number _____ Directional: N,S,E,W, NW,NE,SE, SW _____ Street Name or Rural address _____

(Print) _____

Type: (Street, Drive, Lane etc.) _____ Apt. # _____ Floor # _____

(Print) _____

City _____ State _____ Zip _____

Date moved in: _____ / _____ mm/yyyy Example: 06/2004 Mo. Rental Amt: \$ _____

Date moved out: _____ / _____ mm/yyyy Example: 11/2005

1st PRIOR LANDLORD/ MORTGAGE INFORMATION

My monthly rental or mortgage payment was paid to: (Check the appropriate block)

- Own Mortgage Co. To Owner
 Real Estate Management Co Living with Relative Living with Friend.

(Print) _____

Name _____ Phone _____

(Print) _____

Street Number _____ Directional: N,S,E,W, NW,NE,SE, SW _____ Street Name or Rural address _____

(Print) _____

Type: (Street, Drive, Lane etc.) _____ Apt. # _____ Floor # _____

(Print) _____

City _____ State _____ Zip _____

Section 5.

2 nd PRIOR ADDRESS

(Print) _____
 Street Number Directional: N,S,E,W, Street Name or Rural address
 NW,NE,SE, SW

(Print) _____
 Type: (Street, Drive, Lane etc.) Apt. # Floor #

(Print) _____
 City State Zip

Date moved in: _____ / _____ mm/yyyy Example: 06/2004 Mo. Rental Amt: \$ _____

Date moved out: _____ / _____ mm/yyyy Example: 11/2005

2 ND PRIOR LANDLORD MORTGAGE INFORMATION

My monthly rental or mortgage payment was paid to: (Check the appropriate block)

- Own Mortgage Co. To Owner
 Real Estate Management Co Living with Relative Living with Friend

(Print) _____
 Name Phone

(Print) _____
 Street Number Directional: N,S,E,W, Street Name or Rural address
 NW,NE,SE, SW

(Print) _____
 Type: (Street, Drive, Lane etc.) Apt. # Floor #

(Print) _____
 City State Zip

Section 6.

EMPLOYMENT SOURCE OF INCOME

Present Employer

Name: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Time on Job: Years: _____ Months: _____

Monthly Gross Pay: \$ _____ **Monthly Net Pay:** \$ _____
 (Before deductions) (After deductions)

Spouse: Employer

Name: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Time on Job: **Years:** _____ **Months:** _____

Monthly Gross Pay: \$ _____ **Monthly Net Pay:** \$ _____
 (Before deductions) (After deductions)

Section 7.

OTHER MONTHLY INCOME SOURCES

Unemployment: \$ _____ Workman's Comp.: \$ _____ SS: \$ _____
 SSI: \$ _____ Pension: \$ _____ Welfare: \$ _____ Food Stamps: \$ _____
 Child Support: \$ _____ Alimony: \$ _____ Interest: \$ _____
 Stocks/Dividends: \$ _____ Parent Stipend: \$ _____ College Stipend: \$ _____
 Net Rental Income: \$ _____ Other: \$ _____

"Avoid the Tenant from Hell"

Section 5.

2ND PRIOR ADDRESS

(Print) _____
 Street Number Directional: N,S,E,W, Street Name or Rural address
 NW,NE,SE, SW

(Print) _____
 Type: (Street, Drive, Lane etc.) Apt. # Floor #

(Print) _____
 City State Zip

Date moved in: _____ / _____ mm/yyyy Example: 06/2004 Mo. Rental Amt: \$ _____

Date moved out: _____ / _____ mm/yyyy Example: 11/2005

2ND PRIOR LANDLORD MORTGAGE INFORMATION

My monthly rental or mortgage payment was paid to: (Check the appropriate block)

- Own Mortgage Co. To Owner
 Real Estate Management Co Living with Relative Living with Friend

(Print) _____
 Name Phone

(Print) _____
 Street Number Directional: N,S,E,W, Street Name or Rural address
 NW,NE,SE, SW

(Print) _____
 Type: (Street, Drive, Lane etc.) Apt. # Floor #

(Print) _____
 City State Zip

Section 6.

EMPLOYMENT SOURCE OF INCOME

Present Employer

Name: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Time on Job: Years: _____ Months: _____

Monthly Gross Pay: \$ _____ Monthly Net Pay: \$ _____
 (Before deductions) (After deductions)

Spouse: Employer

Name: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Time on Job: Years: _____ Months: _____

Monthly Gross Pay: \$ _____ Monthly Net Pay: \$ _____
 (Before deductions) (After deductions)

Section 7.

OTHER MONTHLY INCOME SOURCES

Unemployment: \$ _____ Workman's Comp.: \$ _____ SS: \$ _____
 SSI: \$ _____ Pension: \$ _____ Welfare: \$ _____ Food Stamps: \$ _____
 Child Support: \$ _____ Alimony: \$ _____ Interest: \$ _____
 Stocks/Dividends: \$ _____ Parent Stipend: \$ _____ College Stipend: \$ _____
 Net Rental Income: \$ _____ Other: \$ _____

Section 8.

AUTOMOBILE INFORMATION

Auto #1: Name of Auto: _____ Type: _____ Year: _____

Title in the name of. (Print) _____ Plate Number: _____

Auto #2: Name of Auto: _____ Type: _____ Year: _____

Title in the name of: (Print) _____ Plate Number: _____

Section 9.

AUTO, LIFE, HEALTH, DENTAL MONTHLY PREMIUMS

(Do not include employer paid premiums)

Total Monthly automobile Insurance Premiums \$ _____

Total Monthly family life insurance premiums \$ _____

Total Monthly family health insurance premiums \$ _____

Total Monthly family dental insurance premiums \$ _____

Section 10.

BIRTH/MARITAL STATUS /DEPENDENTS

(U.S. CITIZENS COMPLETE THIS SECTION)

City Place of Birth: _____ State/Providence: _____

Country: _____ Zip: _____

Spouse:

City Place of Birth: _____ State/Providence: _____

Country: _____ Zip: _____

Single Married Separated # Dependent children: _____

Section 11.

NON UNITED STATES CITIZEN

(a) List country of birth: _____

(b) What legal document do you possess to reside, work, receive medical care, education or any other reason to reside in the United States":

Type: _____ Document Number: _____

Date issued: _____ Date Expires: _____

Section 12.

QUESTIONNAIRE

1. Does your current landlord know you are planning to move? Yes No
2. Have you ever been 30 days, or more, delinquent with a rental payment? Yes No
3. Are you currently 30 days, or more, delinquent with any creditor? yes No
4. Has any landlord filed an eviction against you? Yes No
5. Have you ever been charged with committing a criminal offense? yes No
 It yes, where you found guilty? yes No

Section 13.

EMERGENCY CONTACT PERSON

Name _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Section 14.

IDENTIFICATION

The Federal Fair Credit Reporting Reform Act and the Federal Patriot Act requires proper photo identification prior to accepting this Tenant Qualification application.

Complete the appropriate photo I.D. used.

Drivers License #- _____ State: _____
Military: I.D. #- _____ Branch: _____
State Employee: I.D. #- _____ State: _____
Federal employee: I.D. #- _____ Department: _____
Welfare: I.D. #- _____ State: _____
Passport Number: _____ Country Issued: _____
Verified by: _____ Date: _____

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LANDLORD SERVICE BUREAU, INC. RECOMMENDATION

Recommended Adverse Action Recommendation Adverse Action Rejection