

Strafford Station Apartments, LLC

400-2D Strafford Avenue – Strafford, Pennsylvania 19078

Tel: (610) 688-8710 - Fax: (610) 688-0828

Office Hours, Mon – Fri 9:00am – 5:00pm

Sat - by Appointment

APPLICATION PROCEDURES

- Each applicant and resident over the age of 18 must complete an application. Ensure application is signed prior to submission.
- Complete top section of *Employment Verification Request form and Request for Tenant Verification form*
- Complete bottom section of Background Check and Credit Authorization form.
- Provide valid Drivers License, Military ID, or Government Issued Photo ID
- Proof of income. TWO recent consecutive pay stubs or Letter of Intent from new employer, and proof of other income. If self-employed, submit last TWO tax returns.
- Attach a check payable to *Strafford Station Apartments, LLC* for the Credit check and Holding fee.
 - Non-refundable Credit check fee - \$35.00 per applicant
 - Administrative fee will be charged for performing one or more reference checks including, but not limited to, a Credit Report from a consumer credit reporting agency and, if warranted, a Criminal History report and/or a Landlord/Employment History report. *(Additional surcharges may apply in certain states)*
 - Holding fee - \$100.00 (to be applied to rent if approved), non-refundable if Applicant withdraws his/her application.

Move-in Costs for Approved Applicants

- First month's rent and/or Pro-rate
- Security Deposit equal to one month's rent, due 5-10 business days of application approval

Your application for rental may be denied based on the following:

False or misleading information on your rental application

- Poor credit history
- Poor rental or mortgage history
- Lack of sufficient income
- Criminal record

Pet Policy

One cat per apartment, there is a one-time non-refundable pet fee of \$300.00 due on move-in

****Only two cars per apartment are permitted****

*Thank you for your interest in **Strafford Station Apartments***

APPLICATION FOR RESIDENCY

COMMUNITY # PH7633 **DATE APPLICATION RECEIVED:** _____
COMMUNITY Strafford Station Apartments **MOVE-IN DATE:** _____
ADDRESS: 400-2D Strafford Ave **LEASE DATE:** _____
Strafford, Pa 19087 **APT. TYPE** Bdrm **APT #:** _____
PHONE 610-688-8710 **TERM:** _____ **RENT :** \$ _____
MGMT. AGENT: _____ **PET FEE:** \$ _____ **OTHER FEE:** _____

PERSONAL INFORMATION / HISTORY (Please Print)

LAST NAME _____ **FIRST NAME** _____ **MIDDLE** _____ **SOCIAL SECURITY #** _____
HOME PHONE # _____ **WORK #** _____ **ext** _____ **CELL OR PAGER #** _____
EMAIL _____

BIRTHDATE _____ **MARITAL STATUS** _____ **SEX** _____ **US CITIZEN?** _____ **Or PROOF OF LEGAL ALIEN STATUS** _____

PRESENT ADDRESS _____ **NO. & STREET** _____ **APT#** _____ **CITY** _____ **STATE** _____ **ZIP** _____

LENGTH OF OCCUPANCY _____ **MONTHLY PAYMENT \$** _____

RESIDENCE IS AN: () APARTMENT COMMUNITY () PRIVATE RENTAL () PRIVATE HOME

LANDLORD OR MORTGAGE HOLDER _____ **PHONE #** _____

IF YOU HAVE LIVED AT CURRENT ADDRESS FOR LESS THAN TWO YEARS:

PREVIOUS ADDRESS: _____

HAVE YOU BEEN DELINQUENT FOR MORE THAN THIRTY DAYS MAKING A MORTGAGE OR RENTAL PAYMENT? _____

HAVE YOU EVER BEEN FILED ON FOR EVICTION? _____ **IF YES, WHEN?** _____ **WHERE?** _____

EMPLOYMENT HISTORY

PRESENT EMPLOYER: _____ **NAME OF COMPANY** _____ **ADDRESS** _____

HOW LONG EMPLOYED THERE? _____ **SALARY \$** _____ **PER** _____

JOB TITLE : _____ **CONTACT:** _____ **PHONE** _____ **EXT#** _____

OTHER SOURCES OF INCOME \$ _____ **PER** _____ **SOURCE:** _____

OTHER RESIDENTS

LIST BELOW ALL PERSONS OTHER THAN LEASEHOLDER(S) WHO WILL BE LIVING IN THE APARTMENT

FULL NAME	SOC. SEC. #	BIRTHDATE	SEX	RELATIONSHIP TO APP.

HOW DID YOU FIND OUT ABOUT PROPERTY NAME? (CHECK ONE)

REFERRAL _____ **REFERRAL NAME/APT #** _____

APT. GUIDE _____ **APT. SHOPPERS GUIDE** _____ **PHONE BOOK** _____ **DRIVE-BY** _____ **FORMER RESIDENT** _____

OTHER (DESCRIBE SOURCE) _____

OTHER INFORMATION

Driver's License Number _____ State _____

Do you own a car? _____ Year _____ Make _____ Model _____ Lic. Plate # _____

Have you ever been convicted of a criminal offense? _____ If yes, what year? _____

County & State? _____

Who should we contact in case of an emergency? (Someone who will not be living with you)

Name _____	Address _____	Phone _____	Relation _____
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Dogs are not permitted on the property. Do you have any other animal(s) you wish to have in your home? _____

If yes, what kind of pet and how many? _____

(Note: *Strafford Station Apartments* reserves the right to disallow ANY pet from the property)

APPLICANT STATEMENT

I (we) the undersigned applicant(s) make application to rent at *Strafford Station Apartments, LLC* on the date listed on the reverse side and declare that all the information and representation contained in and with this application is, to the best of my (our) knowledge and belief, true and correct. I (we) also understand that in the event of acceptance of this application, if I (we) fail to take possession of the apartments after the application is approved, all deposits made in connection with this application will be forfeited to the Owner as compensation for the processing of the application and the loss of rental for the unit. I (we) consent to any and all inquiries made by the Owner or its Agent if necessary to obtain references and to verify the information in this Application for Residency and agree upon request to provide documentary evidence of income of all proposed occupants including federal income tax information. I (we) understand that if this application is approved, all information provided herein will become a part of the lease.

A NON-REFUNDABLE FEE OF \$35.00 (PER APPLICANT) AND A \$100.00 IS DUE AT TIME OF APPLICATION

_____ Applicant Signature	_____ Date	_____ Received By	_____ Date
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_____ Applicant Signature	_____ Date	_____ Approved by	_____ Date
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Or

_____ Denied By	_____
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OFFICE USE ONLY

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BACKGROUND CHECK AND CREDIT AUTHORIZATION

It is necessary for this Company to ensure the security, safety, and well being of its Residents, clients, and employees. Therefore, it is the Company's policy to perform one or more reference checks including, but not limited to, a Credit Report from a consumer credit reporting agency and, if warranted, a Criminal History report and/or a Landlord and Employment History report.

Any applicant charged with a crime (other than a misdemeanor traffic violation) without proof of dismissal or acquittal will be denied.

The Company will also investigate all convictions for both misdemeanors and felonies.

As part of the application process, applicants will be required to sign this form, which authorizes investigation of, and releases such information. Refusal to sign this form or to cooperate fully with the Company's investigation will constitute ineligibility for housing.

The company will make every effort to keep any information obtained from such investigators strictly confidential.

The Company will implement this policy in a non-discriminatory manner.

The Company reserves the right to change or modify this policy at any time for any reason.

APPLICANT SIGNATURE

PRINT NAME

APPLICANT SIGNATURE

PRINT NAME

DATE

EACH APPLICANT MUST PAY A NON-REFUNDABLE FEE OF \$35.00

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REQUEST FOR TENANT VERIFICATION

TO: _____

FROM: Strafford Station Apartments

DATE: _____

NAME OF RESIDENT(S): _____ SS# _____

_____ SS# _____

NAME OF PROPERTY: _____ UNIT# _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

To Be Completed by Landlord

DATES OF TENANCY: _____ TO: _____

OF TIMES LATE: _____

DID YOU EVER FILE LEGAL ACTION AGAINST THIS PERSON? _____ WHEN: _____

WERE/ARE OTHER PERSONS NAMED ON THE LEASE? _____

WAS THE PERSON LISTED ABOVE A LESSEE OR OCCUPANT? _____

DID/DOES THIS PERSON HAVE PETS? _____ WHAT KIND? _____

HAS THIS PERSON GIVEN NOTICE? _____

WOULD YOU RENT TO THIS PERSON AGAIN? _____

YOUR TIMELY RESPONSE BY RETURN FAX WILL BE GREATLY APPRECIATED. ALL INFORMATION SUPPLIED WILL REMAIN CONFIDENTIAL, AND WILL NOT BE RELEASED TO THE APPLICANT. APPLICANT'S RELEASE FOR DISCLOSURE OF INFORMATION SUBMITTED HEREWITH.

SIGNATURE

TITLE

DATE