Community_____

~ ~~ ~ APARTMENT APPLICATION ~ ~~ ~

Date of _____

APPLICATION FEE: $35.00
NON-REFUNDABLE

Applicant's Full Name _____ Home Phone _____
E-mail Address _____ Work Phone _____
Social Security # _____ Age _____ Date of Birth _____

Present Address _____ City/State _____ Zip Code _____
How many years at Present Address _____ Landlord's Name _____ Phone # _____
Monthly Rent _____ Are Utilities included? _____ Reason for Moving _____

Previous Address _____ City/State _____ Zip Code _____
How Long At Previous Address _____ Landlord's Name _____ Phone # _____
Reason for Moving _____

Three year work history

Employer _____ Position _____ How Long Employed _____
Address _____ Supervisor _____ Phone # _____
Salary (per WEEK NET) $ _____ per YEAR GROSS $ _____
Other Income (monthly) $ _____ Source of Other Income _____

Employer _____ Position _____ How Long Employed _____
Address _____ Supervisor _____ Phone # _____
Salary (per WEEK NET) $ _____ per YEAR GROSS $ _____

Employer _____ Position _____ How Long Employed _____
Address _____ Supervisor _____ Phone # _____
Salary (per WEEK NET) $ _____ per YEAR GROSS $ _____

Have you ever been convicted of a crime? ☐ Yes ☐ No
If yes, please explain:

Bank References Loan Checking Savings Comments:
Total Number of Residents Number of Pets

Residents Names (including children)
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Emergency Contacts:
Name _____ Phone _____ Relationship _____

How did you hear about us? ☐ Newspaper ☐ Rent Net ☐ Blue Book ☐ Referral ☐ Sign ☐ Flyer ☐ Other

Which newspaper ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

PLEASE READ CAREFULLY

1. I (we) HEREBY DEPOSIT a total of $_____ consisting of $_____apartment deposit and $_____ advance payment of the first month's rent, both of which are to be refunded to me if this application is not accepted. Upon acceptance of this application by Metropolitan Management Group, Inc. the apartment deposit shall be held in escrow until such time as the lease is terminated and property vacated. Cost of necessary repairs or replacement above normal wear and tear shall be deducted from the apartment deposit at termination of the lease. *Under no circumstances will this apartment deposit be considered a part of the rent.*
2. I (we) agree to execute a written lease for said premises in the form customarily used for space in the building in which the premises are located within three (3) days after acceptance. If I fail to execute a lease the total deposit described in (1) may be retained by Metropolitan Management Groups liquidated damages in payment for your time and effort in processing my inquiry, the application and drawing of the lease.
3. No declarations or alterations will be made other than stated on this application or any form signed and attached hereto. Landlord and Agent will not be bound by any representations, agreements or promises made by representatives or agents unless contained in the form lease signed by Landlord or representative of Landlord.
4. I (we) hereby make an application for lease for the above described premises and services, on the terms above specified. As an inducement to Metropolitan Management Group, Inc. to accept this application, I warrant that all statements above set forth are true.
5. Falsification of any part of this application on behalf of the applicant/applicants shall be just cause for the retention of any part or all of the monies tendered with the application and may be applied by Landlord as damages to defray administrative, advertising, loss rent and any other costs relating to the processing of this application.

Signature _____ Date _____

Please submit the following with your application: current pay stub showing wages, photo identification, and credit check fee ($30 non-refundable).
Send to: 1030 Reed Avenue, Suite #100, Wyomissing, PA 19610 Phone: 610-288-7700

VERIFICATION

I, _____, give permission for Metropolitan Management Group, Inc. to verify with you the information requested on this sheet.

_____ _____
Applicant's Signature Date

Employment Verification
Please verify the employment of the above individual:
Length of Employment_____ Exact Start Date_____ Is position Full Time: Yes No
Salary Amount:_____ Per Week (Gross)_____ Per Year (Gross)
Brief Job Description_____
Number of Days Late This Year_____ Number of Days Absent This Year_____

Currently, does the individual meet the expectations of the company: _____Yes _____No
Does the outlook for continued employment look good: _____ Yes _____No

_____
Print Name/Title

_____ _____
Signature Date

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Rental History Verification
Please verify the following information:

Name_____

Address_____

Tenant Has Rented Since_____ Monthly Rent Amount_____ Are Utilities Included? Yes No
Number of people on lease:_____ Number of Pets:_____
Is Rent Currently In Arrears? _____Yes _____No
If Yes, Please indicate the Amount in Arrears_____
Number of Late Payments_____

Is the Rental Account satisfactory? Yes No

Has the individual met all the requirements stipulated in your lease, and if not, please specify the requirements which were not fulfilled _____

Would you re-rent to this individual? _____Yes _____No

Please list below any additional comments you may have:

_____
Landlord (Print Name)

_____ _____
Landlord Signature Date