

WESTMINSTER ARCH APARTMENTS

TENANT APPLICATION

Instructions: This form must be completed in full including signatures at line(s) indicated by "X".

Print & fax to: (215) 567-9650 or Scan and email to: info@westminsterarch.com

Applicant's Complete Name:

Last Name: _____ First Name: _____

Check One: Married: _____ Single: _____ Widowed: _____ Divorced: _____ Separated: _____

How Long? _____

Spouse/Partner's Complete Name: _____

Social Security Number: Applicant's: _____

Social Security Number: Spouse/Partner: _____

Number of people who will reside in the apartment:

Adults: _____

Children (include age): _____

Pets: _____

Present Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Length of Stay at Present Residence: _____ Please Circle: OWN/RENT

Name of Landlord/Mortgage Holder: _____

Contact Phone: _____

Landlord/Mortgage Holder Complete Address:

Your Monthly Rental or Mortgage Payment: _____

Mortgage Account Number/Apartment Number: _____

Previous Home Address: _____

City: _____ State: _____ Zip Code: _____

Length of Stay at Previous Residence: _____ Please Circle: OWN/RENT

Name of Landlord/Mortgage Holder: _____

Contact Phone: _____

Landlord/Mortgage Holder Complete Address:

Your Monthly Rental or Mortgage Payment: _____

Mortgage Account Number/Apartment Number: _____

EMPLOYER INFORMATION

Currently Employed by: _____

Address: : _____

I.D. or Badge Number: _____

Position: _____

Division or Department: _____

Office Phone: _____

Income (Please state if weekly, monthly, yearly, gross or net): _____

Immediate Supervisor: _____

Length of Employment: _____

Former Employer: _____

Address: : _____

Spouse/Partner Employed by: _____

Office Address: : _____

I.D. or Badge Number: _____

Position: _____

Division or Department: _____

Office Phone: _____

Income (Please state if weekly, monthly, yearly, gross or net): _____

Immediate Supervisor: _____

Length of Employment: _____

Former Employee (if employed less than 3 years):

Address:

OTHER INCOME:

Notice: Alimony, child support or separate maintenance need not be revealed if the Applicant does not choose to have it considered as income.

Applicant: _____

Spouse/Partner: _____

CREDIT INFORMATION:

OUTSTANDING LOANS

Purpose Highest Balance Date Paid in the below space:

Bank-Checking Account: Name of Bank: _____

If a "Yes" answer is given to any of the following questions explain in the space provided below:

(a) Have you any outstanding judgments? Yes [] No []

(b) Have you declared bankruptcy in the past seven years? Yes [] No []

(c) Have you had property foreclosed upon or given title or deed in lieu? Yes [] No []

(d) Are you a co-maker or endorser on a note? Yes [] No []

(e) Are you a party to a lawsuit? Yes [] No []

(f) Are you required to pay alimony, child support, or separate maintenance? Yes [] No []

(g) Have you ever been involved in a Landlord/Tenant action or an eviction action? Yes [] No []

ADDITIONAL INFORMATION:

How did you find out about this apartment? : _____

Reason(s) for moving: _____

REFERENCE INFORMATION:

Personal Reference (Relative)

Name: _____

Address: : _____

Relationship: _____

Phone: _____

Personal Reference (Not Related)

Name: _____

Address: : _____

Relationship: _____

Phone: _____

The above information is for the purpose of obtaining a credit report through LSA who cannot be responsible for any misleading information received from outside sources.

I/we hereby certify that I/we are at least eighteen (18) years of age and that the information voluntarily - given on this form is true and correct. If any information is found to be incorrect, incomplete or missing then this application may be automatically denied.

I hereby give my approval authorizing you, to release to Westminster Arch Associates complete information concerning my base pay and average earnings, or any other pertinent information. It is understood by filling in this form I am authorizing Westminster Arch Associates to verify all the information given.

X _____
Applicant's Signature with date

X _____
Applicant's Signature with date

THIS SPACE FOR OFFICE USE ONLY

Apartment Number: _____

Move-in Date: _____

Monthly Rent: _____

Initials: _____