## Colonial Oaks Apartments

149 Colonial Oaks, Beaver Falls, PA 15010

Phone: 724-846-0896 Fax: 724-891-5541 Email: colonialoaks149@gmail.com

Rental Application

OFFICE USE ONLY: Date/Time Application Received.

Name: (First)		(MI)	(Last)					
Daytime Phone		Email:		· · · · · · · · · · · · · · · · · · ·				
Size of apartment desired:	1 BEDROOM	2 BEDROOM	3 BE	DROOM	4 BEDR	MOC		
		LIST ALL WHO W	ILL LIVE IN AP	PARTMENT				
Names of all who will live in apar First Middle	tment Last	Maiden Name	Birth Date	Social Se	ecurity	Relationship	All States Lived In	
1					•			
2								
3								
4								
5								
6								
		Applican	t's History					
	Please list resid	ent history for last fiv	-	ing with currer	nt address:			
Ap	plicant				Co-Appli	cant		
			Current Address:					
Current Address:								
Date: From	To	-	Date: Fr	om	То			
Rent: \$			Rent: \$					
Reason for Moving:			Reason for Moving:					
Current Landlord.			Current La	ndlord				
Address:			Address:					
Phone:			Phone:					
Previous Address:			Previous Ad	dress:			-	
Date: From	То		Date: Fr	om	To		···	
Rent: \$			Rent: \$					
Reason for Moving:			Reason for	Moving:			-	
Current Landlord.			Current La	ndlord				
Address:			Address:					
Phone:			Phone:					
Previous Address:			Previous Ad	dress:	- Frit - J.		-	
Date: From	To		Date: Fr	om	To		<del></del>	
Rent: \$			Rent: \$					
Reason for Moving:			Reason for	Moving:				
Current Landlord.				_				
Address:								
Phone:			Phone:					

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HAVE YOU EVER					
		ntest" to a felony (whether or r ntest" to a misdemeanor involv		Yes	No
whether or not resulting	Yes	No			
Been evicted from tenan	Yes	No			
Willfully or intentionally i	Yes	No			
s any household membe	Yes	No			
Is any household membe	er a lifetime registered	I sex offender in any state?		Yes	No
		Monthly Income any mem	ber 18 and over		
Source	Applicant	Co-Applicant	Other Household Member	Total	
Gross Salary					
Unemployment Benefits					
Workers Comp. Etc.					
Social Security, Pension, Retirement					
Alimony, Child Support					
Other					
		List All Asse	rs .		
Assets	Cash Value	Income from Assets	Name of Financia	al Institution	
Checking Account	\$	\$			
Savings Account	\$	\$			
Real Estate	\$	\$			
Other	\$	\$			
Total	\$	\$			
Auto Make:		Color:	Year:		
Plate #			State:		
Auto Make:		Color	Year:		
Plate #			State:	-	
NOTICE: BY SIGNING	THIS APPLICATION,	YOU DECLARE THAT ALL O	F YOUR RESPONSES ARE TRUE A	ND COMPLETE	AND
<b>AUTHORIZE OWNER</b>	TO VERIFY <u>CRIMINA</u>	AL CREDIT AND LANDLORD	BACKGROUND. APPLICANTS AGE	REE TO FURNIS	Н
ADDITIONAL CREDIT	REFERENCES UPON	<b>REQUEST.ANY FALSE STAT</b>	EMENT ON THIS APPLICATION CA	AN LEAD TO RE	EJECTION OF
YOUR APPLICATION (	OR TERMINATION O	OF YOUR LEASE PROCEDDIN	IGS. OWNER/AGENT RECEIVED P	AYMENT WHIC	CH WILL BE
<b>USED TO VERIFY APP</b>	LICANTS CREDIT AN	ID BACKGROUNDINFORMA	ITION.		
NON-REFUNDABLE BA	ACKGROUND CHEC	KAND PROCESSING FEE PER	R APPLICANT \$35.00 (NO CHARGI	FOR HUD API	LICANTS)
Х			•		•
<b>A</b>					
Signature of Applicant			Date	-	
X			2 Marie - 1900 - 1 Julius - 1900 - 10		
Signature of Co-Applicant			Date	_	
Χ				<u></u>	
Signature of Co-Applicant			Date	_	

