



# Rental/Credit Application

**Processing Fee \$50.00 (non refundable) per person**

**Lease Begin Date:** \_\_\_\_\_ **Lease End Date:** \_\_\_\_\_ at \$ \_\_\_\_\_ .00 per month  
**Building:** \_\_\_\_\_ **Apartment:** \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security#: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
Present Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Position: \_\_\_\_\_  
Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for moving: \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Reason for moving: \_\_\_\_\_  
Name of Parent/Guardian(s) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Other person(s) to occupy the apartment: Co Applicant(s) must complete a separate application.**

\_\_\_\_\_  
\_\_\_\_\_

**Please note - - all interested parties must complete separate applications**

In the event I withdraw my application prior to acceptance or rejection, I understand the landlord has the right to retain my entire security deposit on my apartment as liquidated damages for taking the apartment off the market. I also agree in the event my application is accepted by the agent or owner within reasonable time, to execute a lease when tendered to me. If I fail or refuse to execute a tendered lease, the entire security deposit may be retained as liquidated damages for their efforts in processing this application, holding the premises open on my behalf pending approval of this application, and making the necessary investigation of my character and reputation. No agreement except contained herein will bind the applicant, agent, or the owner.

I acknowledge that I have had access to a virtual tour, unit photos and a floor plan of the above listed unit. I understand that in person tours of the unit are restricted due to health and safety regulations instituted by federal, state and local government agencies during the COVID 19 crisis.

By signing the applicant understands it is policy of Legacy Realty to require a notarized guarantor signed by both parents/guardian and agree this form is required within the lease. If parents refuse to sign, Legacy Realty retains the security deposit as liquidated damages.

I hereby grant permission for release of information from credit agencies, banks, present, and prior landlords which are necessary to process the lease and application.

I warrant all the information is true and correct and I agree to the terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**RENTAL VERIFICATION FORM**

The individual signed below has submitted a rental application. Please provide the information requested and fax this form back to our office at 814-272-7953.

Thank you for your prompt response.

Applicant's Name: \_\_\_\_\_

Present Rental Company: \_\_\_\_\_

Present Address: \_\_\_\_\_

***I hereby give authorization for release of this information:***

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Monthly rental amount: \_\_\_\_\_

Start and end dates of lease: \_\_\_\_\_ to \_\_\_\_\_



***FOR OFFICIAL USE ONLY - PLEASE COMPLETE THE FOLLOWING:***

# of late payments: \_\_\_\_\_ # of NSF checks: \_\_\_\_\_

Rent Includes:  All utilities  No Utilities  Hot Water  Heat  Electric

Type of Heat:  Electric  Oil  Gas  Other \_\_\_\_\_

Would you allow the applicant to renew? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Verifying Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_