



LEASE APPLICATION

Date _____
Apt. # _____
Source _____
Amount \$ _____
Move In _____
Lease Term _____
Social Security Number _____

Full Name _____
Marital Status (optional) _____

RESIDENCY INFORMATION

Present Address _____
City _____ State _____ Zip Code _____
Phone _____ Length of Residency _____
Own _____ Rent _____ Monthly Payment _____

Landlord's Name _____ Phone _____
Landlord's Address _____
City _____ State _____ Zip Code _____

Previous Address _____
City _____ State _____ Zip Code _____
Landlord's Name _____ Phone _____
Landlord's Address _____

City _____ State _____ Zip Code _____

EMPLOYMENT INFORMATION

Present Employer _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Position _____
Supervisor _____ Gross Annual Salary _____
Employment Date: From _____ To _____

Previous Employer _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Position _____
Supervisor _____ Gross Annual Salary _____
Employment Date: From _____ To _____

Other Income \$ _____ Source _____
NOTE: Alimony, child support, or separate maintenance need not be revealed if applicant does not choose to have it considered as income.



VEHICLE INFORMATION

Make / Model / Color of Vehicle _____

License Plate Number _____ State of Issue _____

Driver's License Number _____

EMERGENCY CONTACT INFORMATION

Current/New Home Phone: _____ Best Time to Call: Day Evening

Mobile Phone: _____ Best Time to Call: Day Evening

Work Phone: _____ Best Time to Call: Day Evening

Primary Email: _____

Emergency Contact (Person not living with you):

#1 Name _____ Phone _____

Address _____

Relationship: _____

#2 Name _____ Phone _____

Address _____

Relationship: _____

OCCUPANTS OF APARTMENT

| NAME | RELATIONSHIP |
|-------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PETS

| | Type |
|-------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



APPLICANT(S) certifies and represents that all information on this application is correct; that he is not breaking his lease, that he has paid his rent/mortgage payments in a timely fashion; that he has received no notices of Lease Termination or Eviction; that he has not filed for bankruptcy within the past five (5) years, and is presently financially solvent; and, that no adverse credit information is on record except as follows: _____

APPLICANT(S) understand that:

- The actual date of possession is subject to completion of the apartment desired or the vacating of the previous resident. Lessor cannot guarantee occupancy date.
 - A Certificate of Renter's Insurance is required from Lessee at lease signing;
 - A photo ID will be required prior to lease signing; after application has been approved;
 - Any false information will constitute grounds for rejection of the application.
-

APPLICATION FEE

APPLICANT(S) is submitting the sum of \$ _____, which is non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by LESSOR. In the event this application is disapproved, this sum will be retained by LESSOR to cover the cost of processing the application. This application must be signed before it can be processed by LESSOR.

DEPOSIT

APPLICANT(S) IS DEPOSITING \$ _____ with LESSOR as a Deposit in connection with this Lease Application **intending to be legally bound, applicant and lessor** agree that the APPLICANT shall be entitled to a refund of his/her/their deposit, if and only if he/she/they notify LESSOR in writing within 72 hours of the signing of this APPLICATION, of their intention to cancel. Should APPLICANT fail to notify LESSOR of cancellation within 72 hours, in writing, LESSOR will retain all deposit monies as liquidated damages for withdrawing this unit from the rental market. If for any reason LESSOR decides to decline the application, this Deposit will be refunded in full. _____ (Initial)

AUTHORIZATION TO OBTAIN INFORMATION

APPLICANT(S) authorizes LESSOR to verify the accuracy of all statements in this application, and also authorizes all employers, previous landlords, and creditors to release all information concerning applicant or applicant's account(s) for the purpose of verifying this application and determining applicant's ability to afford the contractual obligations of the lease. This authorization shall continue during the term of the lease or any renewal of the lease. Applicant releases all persons delivering this information from any inadvertent error.

SIGNATURE _____ DATE _____



CRIMINAL HISTORY SEARCH

We perform criminal background checks in accordance with applicable federal and state laws. Your signature below authorizes us to check for any arrests or convictions. You will be required to answer the questions below stating whether you have been convicted of, or arrested for, a crime. If the answer is yes, you will be required to state what the crime was, when and where it occurred and the disposition of the charge.

An unsatisfactory criminal background check revealing a serious charge including, but not limited to, conviction of a felony or deferred adjudication of a felony will result in denial of your application. However, not all crimes disqualify you from living at the community. Crimes that result in a denial of residency are those which pose a serious threat to the health, safety and welfare of persons living and working in our community, taking into account not only the type of crime but also the circumstances under which it occurred. In the event the criminal background check reveals any pending criminal cases, we may offer residency conditionally upon dismissal or favorable resolution of the charge. Upon conviction, the Lease Agreement will be terminated immediately.

Your application for residency will be rejected if a criminal background check reveals a listing as a Sexual Predator or Offender, felony convictions, convictions for any of the misdemeanor offenses listed below within the last ten years, pending felony charges, guilty pleas or no contest pleas to any felony or any of the following misdemeanors: burglary, attempted burglary of a vehicle, attempted theft of a person, attempted theft over \$200.00, criminal mischief over \$200.00, unlawful carrying of a weapon, pornography, physical assault, sexual assault, enticing, injury to or obscenity with a child, cruelty to animals, forgery, terror threat, obscenity, indecent exposure and/or sexual molestation.

The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories, and we cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit/criminal reporting services is limited.

In order to perform the criminal background check, we may require that you provide us with a copy of a driver's license and/or a photo identification card that also verifies your date of birth. Your signature below authorizes us to obtain from you that identification.



I authorize The Klein Company, _____ and/or its agent, Cavalier Property Services, Inc. to contact, either orally or in writing, any third parties to obtain information deemed necessary to complete the Criminal Background Check.

I specifically authorize The Klein Company, _____ and/or Cavalier Property Services, Inc. to obtain information from any national, state or local law enforcement agency, including US Military authorities concerning my conduct, including any Criminal History Records or Motor Vehicle Records.

Name _____

Drivers License Number and State of Issue _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If yes, state charges, the State and County of Record and the year that it occurred:

Current Disposition of Charge(s):

Signature _____ Date _____



CREDIT CARD AUTHORIZATION FORM

Date: _____

I _____ authorize
(NAME ON CARD)

_____ to charge my credit card.
(COMMUNITY)

AMOUNT: \$ _____ USD

CREDIT CARD TYPE: Visa M/C Amex Other

CREDIT CARD #: _____

EXPIRATION DATE: _____

BILLING ZIP CODE: _____

(SIGNATURE)

(DATE)

Comments:

Fax or mail to:

Orangewood Assoc.
24 Elizabeth Lane
Levittown, PA 19057

Fax: 215.949.1848