



Approved _____ Not Approved _____
Date Applicant Notified _____
Authorized By: _____

Park Crest Terrace

1400 Martin Street
 State College, PA 16803
 Phone: (814) 231-9677 Fax: (814) 234-4891

Thank you for your interest in our housing community. Please complete all requested information.

\$35.00 Application Fee

APPLICATION FOR HOUSING - DEPOSIT RECEIPT

Leasing Consultant: _____ Date Completed: _____

Type and size of unit desired: _____ Bedroom _____ Bath Desired Occupancy Date _____

PERSONAL INFORMATION

Applicant #1 Full Name _____ Date of Birth _____ SS# _____

Marital Status: Single _____ Married: _____ Divorced: _____ Separated: _____

Driver's License No. _____ : State of Issuance of License: _____

Applicant #2 Full Name _____ Date of Birth _____ SS# _____

Marital Status: Single _____ Married: _____ Divorced: _____ Separated: _____

Driver's License No. _____ : State of Issuance of License: _____

List name, relationship, date of birth and social security number of all persons to occupy the premises:

Full Name	Relationship	D.O.B.	S.S.#	Full-Time Student
_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	Yes ___ No ___
_____	_____	_____	_____	Yes ___ No ___

RESIDENCE HISTORY

***Present Address:** _____

Present Telephone: (_____) _____ ; Move-In Date: _____

Present Landlord or Mortgage Company: _____ Phone: _____

Amount of monthly rent/mortgage: \$ _____ per month; Is rent/mortgage payment current? _____

Reason for moving: _____

***Previous Address:** _____

Landlord or Mortgage Company: _____ Phone: _____

Amount of monthly rent/mortgage: \$ _____ per month; Move-In Date: _____; Move-Out Date: _____

Was any rent owed at move-out? _____. If so, what amount: \$ _____ Has it been paid? _____

Was security deposit refunded in full? _____. If no, please explain: _____

Reason for moving: _____

EMPLOYMENT HISTORY

Applicant #1

Present Employer or Business: _____ Phone: _____

Present Business Address: _____

Present Income: \$ _____ week/month/year Position Held: _____

Date of Hire: _____ Immediate Supervisor: _____

Position: _____ Other Sources of Income: _____

Applicant #2

Present Employer or Business: _____ Phone: _____

Present Business Address: _____

Present Income: \$ _____ week/month/year Position Held: _____

Date of Hire: _____ Immediate Supervisor: _____

Position: _____ Other Sources of Income: _____

MISCELLANEOUS INFORMATION

Pets: Do you or co-applicant currently have a pet? Yes____ No____; If so, what type:_____

Waterbeds: Do you or co-applicant currently own a waterbed: Yes____No____;
if Yes, do you have waterbed insurance? Yes____ No____

Has either applicant ever been evicted? Yes____ No____
If yes, which applicant and when_____

Has either applicant ever broken a rental agreement or lease contract? Yes____ No____
If yes, which applicant and when_____

Has either applicant ever declared bankruptcy? Yes____ No____
If yes, which applicant and when?_____

Has either applicant ever been sued for nonpayment of rent or damages to rental property? Yes____ No____
If yes, which applicant and when?_____

Has either applicant ever been convicted of either a misdemeanor or a felony? Yes____ * No____
If Yes, please indicate the name and explain the conviction:_____

Are you or any member of your household a SDN or other Block Person designated by the U.S. government as a person who commits or supports terrorism or is involved in international narcotics trafficking? Yes____ No____

How did you hear about us? _____

IN CASE OF EMERGENCY, please contact:

Name of Person:_____ Relationship:_____

Business Hours Address:_____ Phone:_____

Home Address:_____ Phone:_____

CONDITIONS OF APPLICATION AND AGREEMENT TO LEASE

1. All prospective residents will be approved according to the resident selection guidelines.
2. A deposit paid by applicant will be held as an application deposit until a binding lease is signed and applicant takes possession of the leased unit, after that time, the deposit converts to a security deposit and will be held in an escrow account at M&T Bank located in State College, PA as a security deposit until such time as the Lease is terminated and the unit is vacated. The cost of necessary cleaning, repairs or replacements shall be deducted from the security deposit at termination of the Lease. Under no circumstances may applicant apply this deposit to any portion of the rent due under the Lease.

I (we) declare that all statements and information contained within this application are true and accurate. By my (our) signature below, I (we) authorize you to verify any and all information through all available means. If I (we) have not completed this application in its entirety, I (we) understand that you are entitled to reject it. We further understand that if this Application contains any false information, you may reject the application and retain any deposits received as liquidated damages for your time and expense. If I (we) withdraw my (our) application after 3 days of applying, you may retain any deposits as liquidated damages.

By putting a deposit on a selected apartment, I (we) have reserved an apartment in my (our) name. I (we) have not been guaranteed an apartment until the credit application, background check and all income and asset verifications have been approved. I (we) will be notified as to final approval by the property manager.

Applicant #1 Signature:_____ Date:_____

Applicant #2 Signature:_____ Date:_____

CONSENT TO OBTAIN CREDIT REPORT

I hereby authorize Calibre Residential to order a consumer credit report and verify other credit information, including past and present employment and landlord references. This information obtained by Calibre Residential is only to be used in the processing of my application for residency.

Applicant #1 Signature:_____ Date:_____

Applicant #2 Signature:_____ Date:_____

IMPORTANT: FOR OFFICE USE ONLY: DO NOT WRITE IN THIS AREA	VERIFICATION FORMS
Application Fee: \$ _____ Date _____ Paid: _____ Deposit: \$ _____ Date _____ Paid: _____ Amount of Rent: \$ _____ Apt. # _____ Move-In Date: _____ Prorated Rent:\$ _____ Balance of Deposit Due:\$ _____ Date Paid: _____	APX 2 Date Sent: _____ Date Received: _____ APX 3 Date Sent: _____ Date Received: _____ APX 4 Date Sent: _____ Date Received: _____ APX 5 Date Sent: _____ Date Received: _____ APX 6 Date Sent: _____ Date Received: _____ APX 7 Date Sent: _____ Date Received: _____ APX 8 Date Sent: _____ Date Received: _____ APX 19 Date Sent: _____ Date Received: _____
<p>SCREENING CHECK: Date: _____ Agency: _____ _____Accepted _____Rejected Comments: _____</p> <p>STATE CERTIFICATION Date Completed: _____ Date Mailed: _____ Date Certification Received from State: _____ Comments: _____</p>	

ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/ Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Comp, etc.				
6. Social Security, Pensions, Retirement Funds, etc- Received Periodically				
7. Welfare Payments				
8. Alimony, Child Support				
9. Interest and/or Dividends				
10. Net Income from Business				
11. Net Rental Income				
12. Other:				
			TOTAL:	

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account				
Savings				
Certificate of Deposit				
Mutual Funds				
Stocks/Bonds				
Other:				
TOTAL:	\$	\$		

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair Market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

Applicant

Date

Applicant

Date