RENTAL APPLICATION

Applicant Name:			/	/						
_		First	Middle			Last				
Phone #:			□N/A Email:				□N/A			
			. □ N/A Will you accept our text message? □ S			Yes □ No □ N/A				
Best time and metho	od for	us to contact v	ou?							
		-	?							
Desired Move-In Da										
			OR 🗆 A5A	1P						
	ıbers v		ne apartment within the						ımily	
First Name	Middle Name		Last Name	Relationship to Head of Household	Gender M/F	Social Security Number			Marital Status*	
				Head of Household						
*Please list the applicable	e numb	er in the column ab	pove: (1) Married, (2) Sing	le, (3) Separated, (4) Divorce	ed, (5) Widowed, (6) U	Indisclosed			
INCOME SOURCE	• •	d/or hanafits for	ayany haysahald mamha	r. Usa additiona	l shoot(s)	if nacassary				
List all sources of income and/or benefits for NAME EMPLO			OYER and/or SOURCE of INCOME			START & END DATES			MONTHLY/	
(Person working or		(Include Company Name, contact name						GROSS INCOME		
		of person to verify and phone number)				Start:			\$	
		Company: Contact:								
		Phone#:				End:				
		Company:				Start:			\$	
		Contact: Phone#:				End:				
Copies of the follow	ing fo	or ALL househ	old members, if app	licable, will be	require	d:				
BIRTH CERTIFICA	TES									
SOCIAL SECURITY	Y CAF	RDS								

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

VALID DRIVER'S LICENSE

VALID STATE I.D.

Georgetown Manor PA LLC 801 2nd Ave, Duncansville PA 16635 (570) 220-0718 gm@pahomebase.com

RESIDENTIAL HOUSING REFERENCES:

Property Location:

Your Address	Dates Occupied	Own/Rent	Landlord's Name/Address			
Street:	From:	□Own	Name:			
City:	То:	□Rent	Address:			
State /Zip:	Rent/Mortgage:	□Other				
			Phone:			
Street:	From:	□Own	Name:			
City:	То:	□Rent	Address:			
State /Zip:	Rent/Mortgage:	□Other				
			Phone:			
Street:	From:	□Own	Name:			
City:	То:	□Rent	Address:			
State /Zip:	Rent/Mortgage:	□Other				
Signature:						
oignature.						
I understand my credit and cr	riminal history may be checked	d at any or all credit bureau's	and government agencies.			
authorize the verification of	the information provided on t	his application.				
Head of Household Signature	Print Name	Date				
Adult Co-Applicant Signature	Print Name	Date				
	and landlord reference reports wilverifiable income of three times the					
Date Received:	Use Only	Please make \$20.00 application fee payable to: <u>Georgetown Manor PA LLC</u>				
Time Received:			1 11 .1			
			and application to:			
Manager Signature:		Georgetown Manor PA LLC 801 2 nd Ave				
			lle, PA 16635			

Address Unit # City State Zip

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