



Arbors Management Inc.

Independence Place

1670 Golden Mile Highway, Monroeville, PA 15146

800-963-1280 FAX 800-558-8067



APPLICATION

Applicant

Co-Applicant (Partner, Spouse)

Applicant Name

Co-Applicant Name

Address

Address

City State Zip Years there

City State Zip Years there

Social Security Number Date of Birth

Social Security Number Date of Birth

Home Phone Mobile Phone

Home Phone Mobile Phone

Present Landlord Phone

Present Landlord Phone

Applicant Previous Address

Co-Applicant Previous Address

City State Zip Years there

City State Zip Years there

Previous Landlord Phone

Previous Landlord Phone

Employer Position

Employer Position

Income Per Year Business Phone
(Include all income: i.e. employment, child support, social security, interest, etc.)

Income Per Year Business Phone
(Include all income: i.e. employment, child support, social security, interest, etc.)

Business Address

Business Address

City State Zip

City State Zip

By checking this box the applicant herein agrees to authorize a credit and criminal investigation and understands that the charge for said investigation is nonrefundable.

Applicant

Co-Applicant

Applicant

Co-Applicant

Are you considered a person with a disability or disabilities?

Yes No

Yes No

Do you require the features of a unit designed for persons with mobility disabilities?

Yes No

Yes No

Have you ever been charged with a criminal offense?

Yes No

Yes No

Have you ever been evicted?

Yes No

Yes No

EXPLANATION

Arbors Management Inc. and its Agents are agents for the Owner/Landlord only.

of Occupants not signing lease _____

Name	Relationship	Birthdate	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you require a ground floor unit? _____ When would you like to move in? _____

Any Pets? _____ List type, breed and weight: _____

Other Information: Drivers License Number _____

Vehicle Make _____ License # _____ State _____

Vehicle Make _____ License # _____ State _____

Person to Notify in Emergency _____ Phone _____

Address _____

Any Additional Information _____

The applicant herein agrees to authorize a credit investigation and understands that the CHARGE FOR SAID INVESTIGATION IN THE AMOUNT OF \$30.00 PER ADULT MEMBER IS NON-REFUNDABLE. If approved, an ADVANCE DEPOSIT IN THE AMOUNT OF THE SECURITY DEPOSIT WILL RESERVE THE UNIT. Applicant(s) shall forfeit the ADVANCE DEPOSIT under the following conditions: Either Applicant(s) cancel the application or failure of the Applicant(s) to enter into a Lease Agreement upon acceptance by the Lessor. Arbors Management Inc. will not be held liable for any rental unit not delivered on the due date of occupancy. .

Applicant _____ Date _____ Co-Applicant _____ Date _____

OFFICE USE ONLY

Date Received _____ Time _____

Price of Rental _____ Advance Deposit Received _____

Property Manager _____ Investigation Fee Received _____