

# Arbors Management Inc.



## The Meadows Apartments

301 Station Street, Pittsburgh, PA 15235

412-793-9606 (voice) 412-793-9606 (fax)

### 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

Income Per Year Business Phone

(Include all income: i.e. employment, child support, social security, interest, etc.)

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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

Have you ever filed for bankruptcy?

Yes  No

Yes  No

Have you ever been convicted of a criminal offense?

Yes  No

Yes  No

Are there any judgements or legal actions against you?

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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 IS NON-REFUNDABLE. An ADVANCE DEPOSIT WILL RESERVE THE UNIT. Applicant(s) shall forfeit the ADVANCE DEPOSIT of \$\_\_\_\_\_ 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. In the event the Applicant(s) are not accepted as Tenant(s), the ADVANCE DEPOSIT WILL BE REFUNDED BY MAIL.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Time \_\_\_\_\_

Price of Rental \_\_\_\_\_ Advance Deposit Received \_\_\_\_\_

Property Manager \_\_\_\_\_ Investigation Fee Received \_\_\_\_\_



301 Station Street  
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PHONE: 412.793.9606

WEB: [www.arbors.com](http://www.arbors.com)  
EMAIL: [meadows@arbors.com](mailto:meadows@arbors.com)

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## CERTIFICATION CHECKLIST

Please complete a separate form for each household member (excluding minors)

<u>YES</u>	<u>NO</u>	
_____	_____	I receive income from employment.
_____	_____	I receive support from parents or relatives.
_____	_____	I receive periodic payments from Worker's Compensation.
_____	_____	I receive Veteran's Administration benefits.
_____	_____	I receive G.I. Bill benefits.
_____	_____	I receive Social Security.
_____	_____	I receive Supplemental Security Income (SSI).
_____	_____	I receive Public Assistance (excluding Medicaid and food stamps).
_____	_____	I receive unemployment benefits.
_____	_____	I receive child support.
_____	_____	I receive alimony.
_____	_____	I receive periodic payments from trusts.
_____	_____	Do you have an annuity?
_____	_____	I receive periodic payments from insurance policies.
_____	_____	I receive income from a retirement funds. (Pensions, IRA, 401K, 403B, etc.)
_____	_____	I receive interest or dividends.
_____	_____	I own whole life insurance.
_____	_____	I own real estate, land contracts or mobile homes.



\_\_\_\_      \_\_\_\_      I have a checking account.

\_\_\_\_      \_\_\_\_      I have a savings account

\_\_\_\_      \_\_\_\_      I have certificates of deposit.

\_\_\_\_      \_\_\_\_      I have stocks or bonds.

\_\_\_\_      \_\_\_\_      Do you own any other forms of capital investment?

\_\_\_\_      \_\_\_\_      Do you have an IRA, Keogh or other similar retirement savings account?

\_\_\_\_      \_\_\_\_      Have you disposed of any assets for less than fair market value in the last two years?

\_\_\_\_      \_\_\_\_      Do you contribute to any company retirement or pension fund?

\_\_\_\_      \_\_\_\_      Do you have any personal property held as an investment such as jewelry or antiques?

\_\_\_\_      \_\_\_\_      I receive income from rental of real estate or personal property.

\_\_\_\_      \_\_\_\_      Do you receive periodic payments from Lottery winnings?

\_\_\_\_      \_\_\_\_      Are there any benefits or other non-earned income paid to minors or on behalf of minors in the household?

\_\_\_\_      \_\_\_\_      Do you receive any regular contributions or gifts from persons outside the household?

\_\_\_\_      \_\_\_\_      In the past two years have you sold or given away assets for less than fair market value?

\_\_\_\_      \_\_\_\_      Do you receive income from your own business?

I CERTIFY THAT THE ABOVE STATEMENTS HAVE BEEN ANSWERED TRUTHFULLY AND I WILL ACCEPT ANY PENALTIES IMPOSED FOR FRAUDULENT INFORMATION.

\_\_\_\_\_  
APPLICANT/TENANT

\_\_\_\_\_  
DATE



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I, \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ (employer or other source) to release, without liability to Station Street Associates (owner or agent) and the Pennsylvania Housing Finance Agency and Internal Revenue Service for an apartment for which I have made application to lease, any and all information they may request concerning my income, wages, salaries, credit record, and references in connection with my application to determine whether I am eligible to occupy the apartment.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(NAME TYPED OR PRINTED)



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I, \_\_\_\_\_, AUTHORIZE MEADOWS APARTMENTS TO OBTAIN A CREDIT REPORT, CRIMINAL REPORT, EVICTION REPORT AND RELATED REPORTS. I REALIZE THAT I MUST FURNISH THE FOLLOWING INFORMATION IN ORDER THAT THE ABOVE REPORTS MAY BE RUN:

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

STATE ISSUED ID: \_\_\_\_\_  
STATE \_\_\_\_\_

TYPE \_\_\_\_\_

DOCUMENT # \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE