

CONSUMER NOTICE FOR APPLICANTS
THIS IS NOT A CONTRACT

(not to be used when Licensee is subagent for the landlord, agent for the tenant or transaction licensee)

_____ (Licensee) hereby states that with respect to this Property
(describe property) _____, I am acting in the following

Capacity (check one)

Owner/Landlord of property OR

A direct employee of the Owner/landlord OR

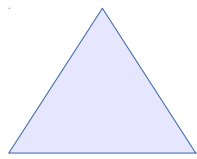
An agent of the Owner/Landlord pursuant to a property management or exclusive
Management agreement.

I acknowledge that I have received this Notice: _____
Consumer Date

Consumer Date

I certify that I have provided this Notice: _____
Licensee Date

Linda S. Perin, Broker	perin@epix.net
Drew Musselman, Realtor	dhmus18072@yahoo.com
Lisa J. Perin, Realtor	lisaperin@frontier.com
Sharon Vogt, Realtor	svogt@frontier.com
Stephen Schaneberger	sshane@ptd.net



Parkhill Realty, Inc.
1033 Blue Valley Drive
Pen Argyl, Pa. 18072

610-863-7070 phone 610-863-5346 fax

APPLICANT INSTRUCTIONS

- 1) Please read the entire application. In order to be processed, the application must be **FULLY COMPLETED**.
- 2) Applications will not be processed until the **application fee of \$50.00** has been submitted. **This initial fee covers one to two applicants.**
Additional applicants or co-signers will be **\$25.00** each.
- 3) Any one over the age of 18 must apply, be qualified, and be on the lease to be a resident of the proposed unit or any subsequent unit.
- 4) **Completed** applications will be processed on a first come, first served basis.
- 5) **3 very recent paychecks or proof of any source of income required.**

RENTAL APPLICATION NOTIFICATION

PLEASE READ CAREFULLY AND SIGN BELOW

The \$50.00 paid by the applicant is a non-refundable fee and is for the sole purpose of a credit report, criminal background check and application process. In no way does this fee represent a commission paid. This is a preliminary application and does not obligate the Landlord or their agent to execute a lease or deliver possession of the proposed premises.

ANYONE OVER THE AGE OF 18 MUST BE QUALIFIED TO BE A PART OF THE LEASE AND A RESIDENT OF THE UNIT APPLIED FOR, OR ANY SUBSEQUENT UNITS.

It is unlawful to refuse to lease housing accommodations or commercial property to a person due to the use of a guide animal because of blindness or deafness of the user, or use of a support animal because of a handicap of the user or because a person is a handler or trainer of support or guide animals.

PHR, Inc. shall evaluate a disability accommodation request seeking to have assistance animal through an individualized assessment and a manner similar to that used to evaluate all other accommodation requests. In the case of a request for an Assistance Animal, we shall specifically consider:

Whether the individual has a disability (we will not ask what the disability is); and whether the individual has a disability-related need for the Assistance Animal, meaning does the Assistance Animal work, provide assistance, perform tasks or service for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of the individual's disability. In conducting this evaluation for any applicant whose disability and need for an assistance animal is NOT readily apparent, we require reliable documentation from their physician, psychiatrist, social worker, or other mental health professional that the animal provides support that alleviates one or more of the identified symptoms or effects of an existing disability. Certificates, ID's, letters, or registrations that were purchased online are not considered reliable documentation.

It is also an unlawful discriminatory practice to evict an occupant of a housing accommodation before the end of the term of the lease because of the pregnancy or birth of a child.

Pursuant to the humans relations act of Pennsylvania (P.L. 744 NO. 222) It is unlawful discriminatory practice for a person to discriminate against a prospective occupant or user in the terms or conditions of leasing any housing accommodation or commercial property or to elicit information, make or keep any record or use a form of application containing questions regarding race, color, religious creed, ancestry, sex, national origin, handicap, disability, or familial status (children under 18)

I/we the undersigned acknowledge(s) that false information herein shall constitute grounds for the rejection of this application and/or forfeiture of deposits.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

Date

Applicant

Date

Applicant

Date

Agent

**RENTAL APPLICATION
(2 APPLICANTS – PLEASE PRINT)**

We are applying for a _____ bedroom apartment/house through Parkhill Realty Inc. We are hereby authorizing this company the permission to search our credit history, to the best of their ability. THIS SEARCH WILL BE CONDUCTED IN A PRIVATE AND CONFIDENTIAL MANNER. It is Parkhill Realty’s company policy to limit the number of occupants to two (2) per bedroom of any rental unit.

\$50.00 charge for initial credit check whether one or two persons apply. Application fee is payable in cash, money order or personal check. If not submitted, application will not be processed. THIS IS A NON REFUNDABLE FEE.

Applicant # 1

Applicant #2

Parkhill Realty, Inc.

Date

AUTHORIZATION: Applicants authorized Parkhill Realty Inc. (Landlord or Broker) to obtain any information deemed necessary to evaluate this Application. This information may include, but is not limited to, credit reports, criminal history, judgments of record, rental history, verification of employment and salary, employment history, vehicle records, and licensing records. Broker may report to Landlord any information obtained by Broker for evaluation of the application. Applicants acknowledge that all information in the application is true and correct. Applicants acknowledge that if they present false or incomplete information, Landlord may reject this Application. Applicants understand that giving false or incomplete information may result in forfeiture of any payments made in connection with this Rental Application.

Anyone over the age of 18 MUST apply and be qualified to be a part of the lease and a resident of the unit applied for or any other subsequent units.

Other People who will be residing with applicants (s):

(For example: children under the age of 18) THIS IS ASKED TO ESTABLISH NUMBER OF OCCUPANTS ONLY. PURSUANT TO STATE AND FEDERAL LAWS, WE MAY NOT DISCRIMINATE BASED ON FAMILIAL STATUS (Children under 18)

NAME:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Number of total occupants _____

DO YOU HAVE ANY PETS? yes _____ no _____

If yes, list and describe: (type, name, breed, age, weight, gender, etc.)

Do you have any liquid filled furniture? yes _____ no _____

Reason for moving? _____

Current Landlord/Mortgage Holder: _____

Telephone Number: _____ Rent/Mortgage\$ _____

Who do we contact in case of emergency? _____

_____ Relationship

to you _____ Telephone # _____

Has an applicant been obligated to pay support any time after January 01, 1998 under the order of a judge in any Pennsylvania county? Yes__ NO __

If yes, Docket # _____ Amount of \$ _____

Are you delinquent? _____.

*****PLEASE COMPLETE ALL INFORMATION*****

NOTICE OF INSURANCE POLICIES NEEDED

If the application is approved, when signing the lease tenant(s) must provide a copy/proof of a Five Hundred Thousand Dollar Liability Insurance Policy, with Parkhill Realty Inc. listed as an additional insured. If proof of the policy cannot be provided when signing the lease, keys to the rental unit will not be rendered.

Applicant #1 Date

Applicant #2 Date

APPLICANT #1 Is Applicant over the age of 18? Yes _____ No _____

I am applying as (Please select one): ___ A Full Time Resident ___ A Cosigner

Full Name: _____

Address: _____

_____ Years _____

Phone #: _____

Email Address: _____

Social Security #: _____

Driver's License #: _____ State _____

Employer _____ Years _____

Address: _____

Phone #: _____ Income: _____

Position: _____ FT _____ PT _____ Other _____

Employer _____ Years _____

Address: _____

Phone #: _____ Income: _____

Position _____ FT _____ PT _____ Other _____

Other Income: (IE: child support, alimony, pension, Social Security, Trust Fund)

Please attach proof of other income.

APPLICANT #2: Is Applicant over the age of 18? Yes _____ No _____

I am applying as (Please select one): ___ A Full Time Resident ___ A Cosigner

Full Name: _____

Address: _____

_____ Years _____

Phone #: _____

Email Address: _____

Social Security #: _____

Driver's License #: _____ State _____

Employer _____ Years _____

Address: _____

Phone #: _____ Income: _____

Position: _____ FT _____ PT _____ Other _____

Employer _____ Years _____

Address: _____

Phone #: _____ Income: _____

Position _____ FT _____ PT _____ Other _____

Other Income: (IE: child support, alimony, pension, Social Security, Trust Fund)

Parkhill Realty, Inc.
1033 Blue Valley Drive,
Pen Argyl, Pa. 18072
Phone: 610-863-7070
Fax 610-863-5346

REQUEST FOR VERIFICATION OF EMPLOYMENT

Please have the following information filled out by your employer.
(IE: Supervisor, boss, payroll clerk, etc.)

For: _____
Employee Name Position

Social Security #

Employee Signature Date

ALL ITEMS BELOW TO BE COMPLETED BY EMPLOYER:

Company Name: _____
Date of Employment: _____
Position: _____
Current Base Pay: \$ _____ per/ _____ wk _____ hr _____ mo _____ annual
Full – Time _____ Part-Time _____ Average # of hrs worked per week _____
Probability of continued employment: _____
PLEASE ATTACH ANY PROOF OF INCOME-PAY RECORDS/STUBS

Comments/Remarks:

Employer Signature Title Date

Print Name here Telephone #