

This application may also be printed and mailed to Landmark Square Apartments along with a \$25.00 check or money order processing fee for the 1st person, then \$20.00 for each additional person -
Please make checks payable to: **S&P Management**

Landmark Square Apartments
1426 West 10th Street, Erie, PA 16502
814-454-6551 FAX 814-454-6550

RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE _____ AGENT _____
COMMUNITY _____
APT. NO. _____ RENT \$ _____

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number _____ located at _____
_____ beginning on _____, at a monthly rental of \$ _____ N _____

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ Phone (_____) _____
Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____
CO-APPLICANT _____ Relationship _____ Phone (_____) _____
Date of Birth _____ Social Security No. _____ Driver's Lic. No. & State _____
Names of All Other Occupants _____
_____ Total Number of Occupants _____
How Many Pets? _____ Kind of Pet, Breed, Weight and Age _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____
Month & Year Moved In _____ Reason for Leaving _____
Owner or Agent _____ Phone (_____) _____ Monthly Payment \$ _____
PREVIOUS ADDRESS (If within 3 years) _____
Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
Owner or Agent _____ Phone (_____) _____
PREVIOUS ADDRESS (If within 3 years) _____
Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____
Owner or Agent _____ Phone (_____) _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Not Employed
CURRENT EMPLOYER (Or Most Recent) _____
Address _____ Phone (_____) _____
Date(s) Employed / From _____ To _____ Position _____
Supervisor _____ Your Gross Monthly Salary \$ _____ Household Gross Monthly Income \$ _____
PREVIOUS EMPLOYER _____
Address _____ Phone (_____) _____
Date(s) Employed / From _____ To _____ Position _____ Supervisor _____
If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.
Amount \$ _____ Per _____ Source _____ Telephone _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
1			
2			

YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1			
2			
3			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles)

Make/Model	Year	Color	Tag No./State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make/Model	Year	Color	Tag No./State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Car, Motorcycle, etc.

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No
Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No
Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

Please give any additional information that might help management evaluate your application:

How did you hear about our property?

If management has any questions about your application, please give Phone Numbers where you can be located:
Day Phone: Night Phone:

IN CASE OF PERSONAL EMERGENCY, NOTIFY: Relationship:

Full Address:

Home Phone: Work Phone:

I hereby consent to allow Landmark Square Apartments, LLC through its Designated Agent and employees, to obtain and verify my credit information, criminal history, investigative consumer report, consumer report, employment, income, and landlord references, for any purpose, including determining whether or not to lease me an apartment.

I agree to deposit an amount equal to one month's rent and sign the Agreement to Hold Leased Premises form within three business days upon acceptance of this application. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. Should an approved applicant fail to execute a lease or fail to take occupancy after entering into the lease by the date specified at the beginning of this application, then Landmark Square Apartments shall retain the full amount deposited as liquidated damages. I understand that, if I do not deposit an amount equal to one month's rent and sign the Agreement to Hold Leased Premises form within three business days upon acceptance of this application, the above described premises may no longer be available.

I ALSO AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. I MAKE THIS REPRESENTATION KNOWING THAT IF ANY SUCH INFORMATION PROVES FALSE, LANDMARK SQUARE APARTMENTS, LLC MAY REJECT MY APPLICATION.

If you are submitting this application to us via email, you are agreeing that your submittal is the equivalent of your signature and that you agree to the Terms and Conditions set forth on this application.

Signature of Applicant: Date: / /