

Del Val Realty & Property Management

RENTAL APPLICATION AND AUTHORIZATION TO RELEASE INFORMATION

Complete application MUST have the following:

- ✓ Each occupant and co-occupant 18 years or older must submit an application
- ✓ Application Fee (Non-refundable)
 - ✓ \$40 for first applicant/or married couple;
 - ✓ \$35 for each additional applicant
- ✓ Proof of Income ó Pay stubs/Bank statements/Employer validation letter/Tax return
- ✓ Copy of driver's license/state ID

Send completed application(s) to:

Del Val Realty & Property Management, 81 Lancaster Avenue, Suite 218, Malvern, PA 19355 or for quicker processing: **FAX to 610-500-5682** or DMattie@DelValProperty.com

Address of Apartment Applying For:		Move-in date desired:
Name: (First) (Middle) (Last)		Any credit under other names?
Date of Birth:	D.L.#/State/Expiration:	Soc. Sec. #:
Home Phone:	Work Phone:	Cellular Phone:
Email Address:		Alternate Email Address:
Proposed Occupants: List all others excluding yourself. Attach Additional Sheet if needed.		
Name: (First) (Middle) (Last)		Age:
Name: (First) (Middle) (Last)		Age:

PART I - RESIDENCE HISTORY (CURRENT & PREVIOUS 5 YEAR PERIOD)

Current Address:	Apt. #	Rent \$:
(City) (State) (Zip)	Move in Date:	Move out Date:
Property Owner/Manager Name:	Manager's Phone	
Reason for Moving:		

THE RENTAL AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY THE MANAGEMENT.

Previous Address:	Apt. #:	Rent \$:
(City) (State) (Zip)	Move in Date:	Move out Date:
Property Owner/Manager Name:	Manager's Phone:	
Reason for Moving:		
Previous Address:	Apt. #:	Rent \$:
(City) (State) (Zip)	Move in Date:	Move out Date:
Property Owner/Manager Name:	Manager's Phone:	
Reason for Moving:		
Have you ever been or are you now being evicted from a residence?	YES	NO
If yes, please explain:		

Have you ever been convicted of any crime?	YES	NO
If yes, please explain:		

Pets?	How many?	Type?	Do you smoke?	YES	NO
Personal Vehicle Info:					
(Make)	(Model)	(Year)	(Plate #)		
Incorporated/Company Vehicle Info:					
(Make)	(Model)	(Year)	(Plate #)		

PART II - EMPLOYMENT HISTORY (LAST TWO YEARS) & INCOME INFORMATION

Current Employer:	Title:	How long?	Mo. Income \$
Address:	Supervisor:	Phone:	
Previous Employer:	Title:	How long?	Mo. Income \$
Address:	Supervisor:	Phone:	
Other sources of additional income that are to be used to meet income requirements, please specify:			

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PART III – CREDIT

Have you ever filed bankruptcy?	When?	Any Judgments/Collections Against You?	
In case of Emergency, Notify:		Relationship:	
Address:		Phone:	
(Street)	(City)	(State)	(Zip)

PART IV – AUTHORIZATION

The undersigned declares that the information on this Rental Application is true and correct, and understands that false statements may result in rejection of this and any future applications for housing which DEL VAL manages. The undersigned does further understand that all persons of firms named may freely give any requested information concerning the undersigned and hereby waives all right to action for any consequences resulting from such information. My signature below authorizes investigation of all statements contained herein by the management company, including but not limited to a credit check. I further understand and agree that DEL VAL will rely upon this Rental Application as an inducement for entering into a rental agreement or lease and I warrant that the facts contained in this Application are true. If any facts are proven to be untrue, DEL VAL may terminate my tenancy immediately and collect any damages incurred, including reasonable attorneys fees resulting therefrom. All or part of the above information may be made available to other screening and collection services. Pursuant to Pennsylvania Law, you are also herein notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental obligations or if you default in those obligations in any way. DEL VAL welcomes all applicants. It is illegal and against our policy to discriminate against any person because of race, color, religion, sex, sexual orientation, national origin, mental or physical disability, or familial status.

Applicants Signature: _____ Date: _____

Email Address _____

PART V – CONSUMER NOTICE

CONSUMER NOTICE- THIS IS NOT A CONTRACT

_____ hereby states that with respect to this property, I am acting in the following capacity:
(Check one)

Owner / Landlord of the property;

A direct employee of the owner/landlord;

An agent of the owner/landlord pursuant to a property management or exclusive listing agreement.

I acknowledge that I have received this notice:

(Consumer) (Date)

I certify that I have provided this notice:

(Licensee) (Date)

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