## **Del Val Realty & Property Management**

# RENTAL APPLICATION AND AUTHORIZATION TO RELEASE INFORMATION

#### Each occupant and co-applicant 18 years or older must submit a separate application

Submit this form WITH A CASHIER'S CHECK OR MONEY ORDER for a nonrefundable Application Fee of \$40.00 for the first applicant and \$35.00 for each additional applicant and cosigner except that the fee for married couples is \$40.00 only.

Once complete please mail with the Application Fee to **Del Val Realty & Property Management, 49 E. Lancaster Avenue, Suite 300, Malvern, PA 19355.** You may also fax the form to **610-500-5682** and mail the original application with the Application Fee to the above address. This form may be printed or typed. If you need help or have questions about this form please call our office at <u>484-328-3282</u>.

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)	(Midd	le)	(Last)	Age:	
Name: (First)	(Midd	le)	(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:						
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 even	icted 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? Ty	ype?	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 AND PERSONAL REFERENCES

Have you ever filed bankruptcy?	When?	Any Judgments/Collections Against You?		
Have you ever med bankruptey?	WHEII!	Any Judgments/Conections Against Tou?		
Auto Loan?	Monthly payment?	Total Monthly Debt/Credit Payments?		
Bank:	Branch Address:	Type of Accounts Held?		
In case of Emergency, Notify:		Relationship:		
Address:		Phone:		
(Street)	(City)	(State) (Zip)		
Character References:				
1	Relations	hip Phone ()		
2		Relationship Phone		
DADT IV AUTHODIZATION				
PART IV - AUTHORIZATION		_		
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:  Date:  Date:  Email Address				
PART V – CONSUMER NOTICE				
CONSUMER NOTICE-THIS IS NOT A	CONTRACT			
Broker of Record hereby states that with resp (Check one) (i) owner/landlord of the property; (ii) a direct employee of the owner/landlord; ( $\checkmark$ ) an agent of the owner/landlord pursuant I acknowledge that I have received this notice	to a property management			
(Consumer)	(Date)			
	(Date)			
I certify that I have provided this notice:				
(Licensee)	(Date)			