

AMBERSON PLAZA ASSOCIATES

5030 CENTRE AVENUE PITTSBURGH, PA 15213 412-681-9870 FAX 412-681-3419

RENTAL APPLICATION

NO CASH ACCEPTED

Date _____ Apartment Requested _____

Possession Date _____ Lease Term _____

Rental Fee _____ Birthday _____

Name _____ Address _____

Email Address _____

Length of Residence _____ Home Phone # _____

Employment _____ Length of Employment _____

Position _____ Work Phone # _____

Monthly Salary _____ Other Income _____

Social Security # _____ Age _____

List all residences during the last five years other than current address:

List all employers during the last five years other than current employer:

Your Nearest Relative:

Name _____ Phone # _____

Address: _____

- ***NO PETS PLEASE***

List three personal references (Include phone number and address):

The premises will be occupied by the following:

ONE MONTH'S RENT IS REQUIRED AS A SECURITY DEPOSIT WHEN SUBMITTING THIS APPLICATION ALONG WITH A \$75.00/\$100.00 ELECTRIC DEPOSIT. A ONE TIME CREDIT CHECK FEE OF \$35.00 IS REQUIRED TO PROCESS THIS APPLICATION. PLEASE SUBMIT THESE FEES IN TWO SEPARATE CHECKS. NO CASH ACCEPTED.

I hereby deposit with you the sum of \$_____ as security deposit on the premises to be leased. In the event that this application is not accepted, this deposit shall be promptly returned in full. Should I withdraw this application for any reason, this deposit shall be retained by Amberson Plaza as liquidated damages.

Signature _____ Date _____