Tenant Application Form

R House
114 West Poplar Street, Mount Union, PA 17066
Phone • 814-542-2981 **Fax** • 814-542-9696 **email** • musupply@gmail.com

Date _____ Date unit required _____
Address of unit applied for _____ Anticipated length of stay _____

Applicant _____
(Surname) (Given) (Middle)
S.I.N. # _____ Date of birth: Month _____ Day _____ Year _____
Marital Status: ☐ Married ☐ Separated ☐ Single ☐ Common-law
Comments/Details of Rental Requests (Maximum rent, garage, how many bedrooms, etc.)
_____

Current Address:
Length of stay _____ Address _____ City _____
Province _____ Postal Code: _____ Phone (____)_____
Reason for moving: _____ ☐ Owned home ☐ Rented
If rented, Landlord's name: _____ Landlord's phone: (___)_____

Previous Address if above is less than two years:
Length of stay _____ Address _____ City _____
Province _____ Postal Code: _____ Phone (____)_____
Reason for moving: _____ ☐ Owned home ☐ Rented
If rented, Landlord's name: _____ Landlord's phone: (___)_____

Present Employer: _____
(Name and full address)
☐ Full time ☐ Part time Length of Employment _____ Phone (____) _____
Your Position _____ Supervisor's Name _____ Income _____

Previous employer (if less than 1 year at present employer):
_____
(Name and address)
☐ Full time ☐ Part time Length of Employment _____ Phone (____) _____
Your Position _____ Supervisor's Name _____ Income _____
Reason for leaving: _____

Spouse Information (Roommate or common law less than 2 years, must fill out own application):
Name: _____ Employer: _____
☐ Full time ☐ Part time Length of Employment _____ Phone (____) _____
Your Position _____ Supervisor's Name _____Income _____

Dependant Children: (please note last name if different from above)
Name: _____ M / F Name: _____ M / F
Name: _____ M / F Name: _____ M / F

A CREDIT CHECK MAY BE DONE - IF YOU HAVE BAD CREDIT, YOU WILL NOT BE APPROVED

Credit Reference
Bank _____ Address _____
□ Visa □ Master Card □ Other _____

Personal Reference (Must fill out full mailing addresses)
1. Name _____ Phone (____)_____
Address: _____ City _____ Province: _____
2. Name _____ Phone (____)_____
Address: _____ City _____ Province: _____

In Case of Emergency:
Name _____ Phone (____)_____
Address: _____ City _____ Province: _____

Vehicles:
Make _____ Year _____ License _____
Make _____ Year _____ License _____

Do you have any pets? □ Yes □ No If yes, what kind _____
Do you or any of the other tenants occupying the unit smoke? □ Yes □ No

I/We, the undersigned, warrant the truth, completeness and accuracy of the foregoing information and hereby authorize and consent to Cascade Realty Services obtaining further information about me/us and to check the information that has been given by me/us. Cascade Realty Services may also disclose information about me/us to Credit Bureaus and other persons with whom I/We have, or propose to have, financial dealings, or if it believes the disclosure is required by law. I/We agree that this application will be retained by Cascade Realty Services, should I enter into a rental agreement with Cascade Realty Services, however, it will be destroyed if I do not. This information will only be used for the purpose of reviewing my rental request and follow up of the subsequent rental agreement, and no other purpose.

Signature of Applicant(s)

_____ _____

Incomplete information will result in processing delay or rejection

Office Use Only
Time Verified _____ G Rent on Time G NSFs G Damages G Eviction G Clean
Reason for Leaving _____ Would you rent to them again? _____
Contact person _____ Contact person _____
Comments _____
Employment Verified _____ Contact person _____
G Approved G Not Approved Date: _____ Signature: _____