



822 66th Ave. UNIT # 1
Philadelphia, PA 19126

Phone: (844) 589-7368
Fax: (215) 924-0441
balticorp123@gmail.com

APPLICATION FEE: \$30

RENTAL APPLICATION AGREEMENT

- Each applicant and co-signor must submit an individual application
- Complete all pages of the attached application (both side) and sign where requested.
- Enclose a copy of driver’s license (or state ID) + social security card.
- Enclose a copy of your last two months paystubs.
- Enclose 30\$ application fee per applicant. FEE IS NOT REFUNDABLE.
We accept only cash or money orders made payable to: ‘Balticorp LLC.’
- Read and sign and date below. Include this page with your application.

Please understand that submitting an application does not guarantee tenancy. Applications are processed on a first-come, first-serve basis. Application will not be processed until all requested information above is provided and application fee is enclosed.

Please note that you must present your first month’s Rent + Security Deposit at lease signing. The security deposit is 2 months’ rent.

If application is not approved, we will notify you via telephone or e-mail. All submitted information will be promptly shredded or safely secured, not returned.

Once you apply, we have the right to pull your credit report, research any associated court records (including criminal and eviction), and we reserve the right to contact any present or past employers and landlords.

I acknowledge and agree with all of the above,

APPLYING FOR FOLLOWING APT:

_____ APT#: _____

TARGET MOVE-IN DATE: _____

PRICE: _____

PRINTED NAME: _____

SIGNATURE: _____ DATE: ____/____/____

PHONE: _____ EMAIL: _____



RENTAL APPLICATION

Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	S.S.#	-	-
DATE OF BIRTH	/ /		When would you like to move in?		DRIVERS LICENSE # STATE
PHONE	-	-	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	-
			EXT.	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL
PRESENT HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PRESENT LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING			AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	PREVIOUS LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING			AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP		
LENGTH OF TIME	NEXT PREVIOUS LANDLORD			LANDLORD PHONE	
REASON FOR LEAVING			AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT: YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE	EXT: YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



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EMERGENCY / PERSONAL REFERENCE INFORMATION		
EMERGENCY CONTACT	PHONE — — <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE — — <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE — — <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE — — <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE — — <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE — — <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE — — <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE — — <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION	
Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.</p> <p>ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.</p>	
X _____ APPLICANT SIGNATURE	_____ DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES: _____
