

Pascarella Rental Application
(Complete for each applicant over 18 years of age)

PERSONAL

FIRST NAME _____ MI _____ LAST NAME _____

CELL PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____ EMAIL: _____

BIRTH DATE: ____/____/____ SOCIAL SECURITY# _____ - ____ - ____ DRIVERS LICENSE: State _____ # _____

Convicted, plead guilty, no-contest, received probations, deferred adjudication, court-ordered supervision or pre-trial. Diversion for a felony, sex related crime or misdemeanor assault against another person?

ADDRESSES

CURRENT ADDRESS:

Address _____ Apt # _____ City/State/Zip _____ Since ____/____/____

Own Rent \$ _____ Landlord _____ Phone (____) _____ - _____

Reason for leaving? _____

Current rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

PREVIOUS ADDRESS: (If less than 21 years)

Address _____ City/State/Zip _____ Moved In ____/____/____ Moved Out ____/____/____

Monthly Rent _____ Landlord _____ Phone (____) _____ - _____

Have you ever been evicted? Have you ever been sued for rent? Have you ever been sued for property damages?

Have you ever broken a lease? If yes explain: _____

EMPLOYMENT

CURRENT EMPLOYER

Name _____ Address _____

Start Date ____/____/____ to ____/____/____ Position _____ Hourly/Salary _____ Hours Per Week _____

Supervisor _____ Phone (____) _____ - _____ Email _____

(Previous needed only if less than 1 year at current)

EMPLOYER _____ Address _____

From ____/____/____ to ____/____/____ Position _____ Weekly Income \$ _____ Supervisor _____ Phone (____) _____ - _____

ADDITIONAL INCOME

Amount \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

Amount \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

FINANCIAL REFERENCE

Bank/Credit Union _____ Acct # _____

EMERGENCY CONTACT / REFERENCE

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.

Name _____ Relationship _____

Address _____ Cell: (____) ____ - ____ Home (____) ____ - ____

PERSONAL REFERENCE

Name _____ Relationship _____

Address _____ Cell: (____) ____ - ____ Home (____) ____ - ____

VEHICLE INFORMATION

VEHICLE #1

Year _____ Make _____ Model _____ Color _____ Plate # _____ State: _____

VEHICLE #2

Year _____ Make _____ Model _____ Color _____ Plate # _____ State: _____

PETS

*** It is understood that no cats or dogs are permitted unless otherwise approved by management upon signature of a pet lease ***

Pet Name: _____

Type	Gender
Breed	Size (lbs)
Color	Age
Veterinarian Name and Number	Vaccinations up to date?

Pet Name: _____

Type	Gender
Breed	Size (lbs)
Color	Age
Veterinarian Name and Number	Vaccinations up to date?

LIST ALL OCCUPANTS

Total number of occupants: _____

Name _____ Relationship SELF DOB ___/___/___ Phone # (___) ___-____

Name _____ Relationship _____ DOB ___/___/___ Phone # (___) ___-____

Name _____ Relationship _____ DOB ___/___/___ Phone # (___) ___-____

Name _____ Relationship _____ DOB ___/___/___ Phone # (___) ___-____

Name _____ Relationship _____ DOB ___/___/___ Phone # (___) ___-____

Name _____ Relationship _____ DOB ___/___/___ Phone # (___) ___-____

_____ Applicant acknowledges that any application fee received by Pascarella Development & Management, LLC are non-refundable.

_____ Applicant acknowledges that no deposit money will be returned if tenant does not occupy the apartment through no fault of the landlord.

_____ Applicant authorizes the owner to contact sources listed as deemed necessary to verify applicant information.

_____ All information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

The landlord and tenants shall comply with all Federal, State and local laws prohibiting discrimination in housing on the grounds of race, color, sex, creed, national origin, marital status, children, disability or age.

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.

X _____ X _____ _____
 APPLICANT AGENT DATE

OFFICE USE ONLY

WW	NW	JC	HH	CG	1/1	2/1	2/2	3/2	Incl: H / HW / Elec	UNIT ID: _____
Application Fee	\$ _____				<input type="checkbox"/> Paid	<input type="checkbox"/> Due		Rec'd By: _____		Date ___/___/___
Deposit	\$ _____				<input type="checkbox"/> Paid	<input type="checkbox"/> Due		Rec'd By: _____		Date ___/___/___
Pet Deposit	\$ _____				<input type="checkbox"/> Paid	<input type="checkbox"/> Due		Rec'd By: _____		Date ___/___/___
1 st Month Rent	\$ _____				<input type="checkbox"/> Paid	<input type="checkbox"/> Due		Rec'd By: _____		Date ___/___/___
1 st Month Pet	\$ _____				<input type="checkbox"/> Paid	<input type="checkbox"/> Due		Rec'd By: _____		Date ___/___/___
Prorated Rent	\$ _____				<input type="checkbox"/> Paid	<input type="checkbox"/> Due		Rec'd By: _____		Date ___/___/___