

# Rental Application

Owner: Scranton Veatch LLC  
Property Manager: Chris Kays  
1000 S. Webster Ave.  
Scranton PA 18505  
ckays71@gmail.com  
1(570)877-9261

Today's Date: \_\_\_\_\_  
Lease Begins: \_\_\_\_\_  
Lease Ends: \_\_\_\_\_  
Address: 1005 S Webster Ave., Unit \_\_\_\_  
Scranton PA 18505  
Monthly Rent: \$ \_\_\_\_\_  
Security Deposit: \$ \_\_\_\_\_  
Background Check Fee: \$ \_\_\_\_\_

*Each adult must provide application and photo ID and read our Resident Manual.  
We do NOT rent to anyone whose references we cannot contact.  
We do NOT allow anyone to move in immediately.*

## Personal Information

First, Middle, Last Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DL#/State Issued \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Landlord Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Date moved in \_\_\_\_\_  
Marital Status (circle one) Single Married Separated Divorced Current rent amount \_\_\_\_\_  
Are you paying alimony? \_\_\_ No \_\_\_ Yes, \$ \_\_\_\_\_ paying child support? \_\_\_ No \_\_\_ Yes \$ \_\_\_\_\_  
Dependent Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Dependent Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## Resident History (We need the past 3 years. If more space is needed, use the back.)

Previous Address, City, State, Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Mo/Yr Moved In \_\_\_\_\_ Mo/Yr Moved Out \_\_\_\_\_  
Landlord Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Previous Address, City, State, Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Mo/Yr Moved In \_\_\_\_\_ Mo/Yr Moved Out \_\_\_\_\_  
Landlord Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Rent \$ \_\_\_\_\_

## Employment Information (If you are not currently employed, list most recent employer.

If you have more than one employer or spouse is employed, use the back.)  
Employed: (circle one) Full-time Part-time Unemployed Retired Student. Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Employed by: \_\_\_\_\_ (check one) Current \_\_\_ Past \_\_\_  
Employer's Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Job/Position \_\_\_\_\_ Income \$ \_\_\_\_\_ per \_\_\_\_\_ Employer's Name \_\_\_\_\_  
If student, where: \_\_\_\_\_ Advisor \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Major \_\_\_\_\_ Present year (circle one) FR SOPH JR SR GRAD

## Other Information

Local Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Nearest Relative \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Disability status and require special accommodations? \_\_\_\_\_  
Bank \_\_\_\_\_ Acct# \_\_\_\_\_ Branch \_\_\_\_\_ Tel#( ) \_\_\_\_\_ - \_\_\_\_\_  
Additional Income (Interest, Child Support, Etc.) \_\_\_\_\_  
Primary Vehicle Make/Model/Color \_\_\_\_\_ Yr \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Second Vehicle Make/Model/Color \_\_\_\_\_ Yr \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Other vehicles \_\_\_\_\_ Yr \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Ever been evicted or refused to pay rent? \_\_\_ No \_\_\_ Yes. Ever filed bankruptcy? \_\_\_ No \_\_\_ Yes  
Ever been or are you currently an illegal abuser of any controlled substance? \_\_\_ No \_\_\_ Yes  
Are you a Registered or Unregistered Sex Offender? \_\_\_ No \_\_\_ Yes  
If yes, to any of the above, give details. What charge? What county/state? When? \_\_\_\_\_  
Ever used any other name(s)? \_\_\_ No \_\_\_ Yes. If Yes list name(s) \_\_\_\_\_  
Do you smoke? \_\_\_ No \_\_\_ Yes Have a waterbed? \_\_\_ No \_\_\_ Yes Pet(s)? \_\_\_ No \_\_\_ Yes.  
If Pet(s): Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_ (pet deposit \$500, pet rent \$50/mo)  
Ever had bedbugs or other infestation? If yes, what type of infestation? \_\_\_\_\_

Personal References (Please do not use a relative or someone previously listed on this application.)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

**Letter of Authorization:**

To Whom it May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy is being initiated by MyRental.com. I certify that to the best of my knowledge all statements are true and complete. I further authorize to obtain CREDIT REPORTS, EMPLOYMENT REFERENCES (including verifying salary), COURT, CRIMINAL & JUVENILE RECORDS, ARREST DETENTION INFORMATION and CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING and RENTAL REFERENCES as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application (for juvenile occupants, the undersigned parent/guardian authorizes the above-information to be obtained on their behalf).

Furthermore I warrant the accuracy of all information contained on this rental application including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or Owner's agent(s) may take legal action to terminate said Agreement.

I give permission for Owner, Property Manager, and prospective co-tenants to receive and view the aforementioned reports and information.

I further affirm and acknowledge that: I cannot move in until the application is approved, and the lease (original or as modified) is approved and signed by all parties thereto, and the Security Deposit is paid in full. All rent is due and payable on the 1st day of the month in advance. I/we hereby apply to lease the above described premises on the terms above specified and have deposited \$ \_\_\_\_\_ earnest money to be refunded to me if this application is not accepted. In the event no verifiable rental history is available, I will increase my deposit to an amount equal to two months rent. I also understand that if I am an undergraduate student I may be required to have a parent co-signature on the lease. If the Owner accepts this application, I understand that I/we are obligated to sign a lease for said premises within seven (7) working days. If I/we fail to sign the lease, all monies paid are to be retained by the Owner as liquidated damages and there shall be no further liability on the part of the Owner or his agent in respect to said proposed lease for this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

WITH THE ABOVE SIGNATURE(S), I/WE AUTHORIZE OWNER TO PROVIDE ANY AND ALL INFORMATION OR DOCUMENTATION REQUESTED

Application Taken By: \_\_\_\_\_ Reference Checks By: \_\_\_\_\_ Approved By: \_\_\_\_\_

Additional Information (if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_