

ATLAS REALTY MANAGEMENT CO., INC

Sunbrook Manor 844 5th Avenue Duncansville, PA 16635 814-695-7962 (telephone/fax)

CONSUMER NOTICE (THIS IS NOT A CONTRACT) _____ hereby states that with respect to the property, I am acting as an agent of the owner pursuant to a Property Management Agreement.

I certify that I have provided this notice

Date _____

Signature of Consumer (Applicant) _____

Signature of Consumer (Spouse) _____

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application _____ Desired Date of Occupancy _____
Apt. # _____ Monthly Rent \$ _____ Security Deposit \$ _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ **Date of Birth** _____
Social Security No. _____ **Telephone/Cell** _____ **Email** _____
SPOUSE'S FULL NAME _____ **Date of Birth** _____
Social Security No. _____ **Telephone/Cell** _____ **Email** _____

Full Names of All Other Residents:	Relationship to You	Date of Birth

How Did You Hear About Our Property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____
Present Telephone _____ Dates From: _____ To: _____
Present Landlord or Mortgage Co. _____ Telephone _____
Monthly Payment \$ _____ Reason for Moving _____
PREVIOUS ADDRESS _____
Previous Telephone _____ Dates From: _____ To: _____
Previous Landlord or Mortgage Co. _____ Telephone _____
Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From: _____ To: _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Gross Monthly Salary \$ _____
SPOUSE'S EMPLOYER _____ Dates From: _____ To: _____
Employer's Address _____ Telephone _____
Position _____ Supervisor _____ Gross Monthly Salary \$ _____

INCOME

Total Gross Monthly Household Income \$ _____
If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contract for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.
Amount \$ _____ Per _____ Source _____ Telephone _____
Amount \$ _____ Per _____ Source _____ Telephone _____
Comments: _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____	Telephone _____
Checking Acct. No. _____	Savings Acct. No. _____
Loan Acct. No. _____	Monthly Payment \$ _____
CREDIT REFERENCE _____	Telephone _____
Address _____	Account No. _____
CREDIT REFERENCE _____	Telephone _____
Address _____	Account No. _____
OTHER REFERENCE _____	Telephone _____
Address _____	Account No. _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make/Model _____	Year _____	Color _____	Tag No./State _____
Make/Model _____	Year _____	Color _____	Tag No./State _____

Driver's License No./State _____

Are you subject to registration under a sex offender registration program ? Yes No

Have you **EVER** (includes under age 18) been charged of **any crime(s)** other than traffic violations? Yes No
If yes, (list offenses and dates): _____

Are you a citizen or national of the United States? Yes No
If no, please list your Admission Number (11 digit number found on DHS form I-94, Departure Record): _____

HAVE YOU OR YOUR SPOUSE EVER:

Been sued for non-payment of rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Broken a Rental Agreement or Lease <input type="checkbox"/> Yes <input type="checkbox"/> No
Been evicted or asked to move out? <input type="checkbox"/> Yes <input type="checkbox"/> No	Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Been sued for damage to rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

In Case of Personal Emergency, Notify: _____ Relationship _____
 Address _____ Home Phone _____ Work Phone _____

*I certify that the statements I have made are true and correct. I understand that the above information is being collected to determine my eligibility. I authorize the Agent or its representatives to verify all information provided on this application and to contact previous or current landlords or other sources for criminal check, credit check and verification information, which may be released to appropriate federal, state or local agencies. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I certify that if I agree to move into this property, the unit I occupy will be my only residence. I understand that a \$25.00 processing fee must accompany this application which is **non-refundable** even if my application is rejected. **I further understand that false statements or information are punishable under federal law and may be grounds for rejection of this application or grounds for eviction.***

I agree and understand that in the event this application is accepted by the agent or owner within a reasonable time I agree to execute a lease when tendered to me. If I fail or refuse to execute a tendered lease; the security deposit may be retained by the agent or owner as liquidated damages.
 _____ (Initial)

APPLICANT'S SIGNATURE _____
 SPOUSE'S SIGNATURE _____
 DATE SIGNED _____

OFFICE USE ONLY

Screening	Initial	Date	Result	NOTES: _____ _____ _____
Credit			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Criminal			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Meghan's Law			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Rental History			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	