

Pennsylvania State Management

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Today's Date: _____ Date of Anticipated Move In: _____

Property Address of Rental: _____

Monthly Rent: _____ Security Deposit: _____

APPLICANT

Full Name of Applicant: _____

E-mail: _____

Present Address: _____

Telephone Number: (Home) _____ (Work) _____ (Cell) _____

D.O.B. _____ SS# _____

Driver's License # _____ State: _____

APPLICANT'S EMPLOYMENT

Name of Present Employer: _____

Address: _____

Position: _____ Date Started: _____

Pay rate - Hourly: _____ Monthly: _____ Annually: _____

Supervisor's Name: _____

Name of Previous Employer: _____

Address: _____

Position: _____ Date Started: _____

Pay Rate - Hourly: _____ Monthly: _____ Annually: _____

Supervisor's name: _____

Other Sources of Income: _____

SPOUSE / CO-APPLICANT

Full Name of Applicant: _____

Present Address: _____

Telephone Number: (Home) _____ (Work) _____ (Cell) _____

D.O.B. _____ **SS#** _____

Driver's License # _____ **State:** _____

SPOUSE / CO-APPLICANT'S EMPLOYMENT

Name of Present Employer: _____

Address: _____

Position: _____ **Date Started:** _____

Pay rate - Hourly: _____ **Monthly:** _____ **Annually:** _____

Supervisor's Name: _____

Name of Previous Employer: _____

Address: _____

Position: _____ **Date Started:** _____

Pay Rate - Hourly: _____ **Monthly:** _____ **Annually:** _____

Supervisor's name: _____

Other Sources of Income:

Present Landlord or Mortgage Company

Present Landlord or Mortgage Company: _____

Telephone Number: _____

Monthly Rent or Mortgage Payment: _____

Date of Move-In: _____ Date of Move-Out: _____

Previous Landlord or Mortgage Company

Previous Landlord or Mortgage Company: _____

Telephone Number: _____

Monthly Rent or Mortgage Payment: _____

Date of Move-In: _____ Date of Move-Out: _____

Personal References

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Emergency

In Case of Emergency Contact: _____

Relationship: _____ Phone: _____

Occupants

List all occupants: _____
