

RENTAL APPLICATION

CHADDWELL APARTMENTS

100 Kimberwyck Lane
Exton, PA 19341
(610) 524-6433

1BR _____ 2BR _____

Application Date: _____
Desired Move-In Date: _____
Monthly Rent: _____
Apartment Unit: _____

TO: RENTFAX Information Services

Do You Own a Cat? _____

All verification services to be provided to Chaddwell Apartments under the terms of this agreement entered into with RentFAX, and the accuracy thereof, shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants named below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below, prior to its submission to RentFAX. Multiple applicants, including spouse, must complete and sign also. The undersigned hereby agrees to execute a lease, in the event of the approval of the rental application, for apartment _____ for a term of _____, commencing _____, at a monthly rental of _____, payable monthly in advance on the first day of each month of said term. In the event the application is approved, the owner or agent may apply the deposit of \$100.00 on account of security due or to become due unless the undersigned cancels the application within three working days of signing this agreement. If the application is approved and was not cancelled within three days but the undersigned chooses not to enter into the lease, the deposit will be forfeited as liquidated damages incurred by the owner as a result of not having been able to rent the apartment to another party during this time. The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application is submitted for the purpose of inducing approval of this application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the deposit made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. The \$35.00 application fee is under no circumstances refundable.

APPLICANT:

Name: _____ Date of Birth: _____
Address: _____ Social Security #: _____

Phone/Cell Phone: _____
From: _____ to _____ Drivers License/State: _____
Landlord: _____ Landlord Phone: _____
Reason for Leaving: _____ Amount of Rent: _____
Previous Address: _____
Previous Landlord Name/Phone: _____

Other Occupants – Names/Ages: _____

CO-APPLICANT:

Name: _____ Date of Birth: _____
Current Address: _____ Social Security #: _____

Phone/Cell Phone: _____
From: _____ to _____ Drivers License/State: _____
Landlord: _____ Landlord Phone: _____
Reason for Leaving: _____ Amount of Rent: _____
Previous Address: _____
Previous Landlord Name/Phone: _____

APPLICANT EMPLOYER:

Name: _____ Phone: _____ Position: _____
Employer Address: _____
Supervisor: _____ Phone: _____
Dates: _____ Gross Weekly Salary: _____
Other Income: _____

CO-APPLICANT EMPLOYER:

Name: _____ Phone: _____ Position: _____
Employer Address: _____
Supervisor: _____ Phone: _____
Dates: _____ Gross Weekly Salary: _____
Other Income: _____

IF RETIRED, PLEASE STATE ANNUAL INCOME:

Pension: _____ Social Security: _____ Other _____

I authorize Chaddwell Apartments and/or RentFAX to contact current and previous landlords, credit and personal references that I have provided in this application. I also authorize Chaddwell Apartments and/or RentFAX to obtain my consumer credit report. The above information, to the best of my knowledge, is true and correct.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

ON APPROVAL, BEST PHONE NUMBER TO CALL: _____

THIS APPLICATION RECEIVED BY: _____ DATE: _____