RENTAL APPLICATION FOR REPRESENTED LANDLORDS

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of REALTORS® (PAR).

The following box should be completed **only** when the real estate licensee represents the landlord, is a direct employee of the landlord or owns the property. This box **should not** be completed when licensee is subagent for the landlord, a tenant agent or is a trans-

action licensee. If it should not be completed the full Consumer Notice should be completed and the applicant should proceed to the

4 section below this box.

5	CONSUMER NOTICE THIS IS NOT A C	
7	(Licensee) herel	by states that with respect to this property (describe property)
8		I am acting in the following capacity: (check one)
9	☐ (i) Owner/Landlord of the Property; ☐ (ii) A direct employee of the Owner/Landlord; OR	
11	☐ (ii) A direct employee of the Owner/Landlord; OR ☐ (iii) An agent of the Owner/Landlord pursuant to a proper	ty management or exclusive leasing agreement.
	== (iii) 7 iii agent of the Owner/Dandford parsuant to a proper	and the state of t
12 13	I acknowledge that I have received this Notice: Date: Print (Consumer)	
14	Print (Consumer)	Signed (Consumer)
15 16	I certify that I have provided this Notice:(Licensee)	(Data)
10	(Licensee)	(Date)
17	Broker/Licensee fo	or Landlord
18	Broker (Company) COCHRAN REAL ESTATE	Licensee(s) (Name)
19		
20 21	Company Address 114 SOUTH FRANKLIN STREET	Direct Phone(s)
22	TITUSVILLE, PA 16354 Company Phone (814)827-6868	Cell Phone(s) Fax
23	Company Phone Company Fax (814)827-6868 (814)827-6400	Email
0.4		
24	Broker/Licensee	for Tenant
25 26	Broker (Company) COCHRAN REAL ESTATE	
26	Company Address 114 SOUTH FRANLIN STREET	Direct Phone(s)
28	TITUSVILLE, PA 16354	Cell Phone(s)
29	Company Phone Company Fax (814)827-6868 (814)827-6400	Fax
30	Company Fax (814)827-6400	Fax Email
31	Property Information (to be complete)	leted by Broker for Landlord)
32	Address	
33 34	Move-in DateApplication Fee (non-refundable) \$	TermApplication Deposit \$
35	Monthly Rent \$	Security Deposit \$
36	First Month's Rent \$	Last Month's Rent \$
37	Are pets permitted? (\square Yes) (\square No) May be subject to review.	Pet Rent \$
38	Non-refundable Pet Fee \$	Pet Rent \$\$
39	Tenant Pays	
40	Is rental insurance required for tenants? (Yes) (No)	
41	Rent and Security Deposit checks will be written separately.	
42	How did you hear about the property?	
43	Applicant's Initials RARL Page 1	of 4

Pennsylvania Association of REALTORS®

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				☐ Co-signer)						
	Full Name									
	Home Phone									
	Cell Phone			Email						
	Present Address & ZIP									
				tgage \$						
	Landlord/Mortgage	Co. Name & Pho	ne							
	Previous Address & ZI	Р								
	From	To	Rent/Mor	tgage \$	/mo	. (Ш О	wn)	(∐ R€	ent)	$(\Box \ O$
	Landlord/Mortgage	Co. Name & Pho	ne							
	Is Applicant at least 1									
	Are you applying with							each a	pplica	nt/co-si
	Name			\square (\square Applicant)	(\(\subseteq \) Co	o-signer)				
	Name			\square (\square Applicant)	(\(\subseteq \) Co	o-signer)				
	Name			\square (\square Applicant)	(o-signer)				
	Name			_ (Applicant)	(🗆 Co	o-signer)				
	Will anyone else be occ									
	Include the full name o				ng the pro	perty.				
	Name									
	Name									
	Name			\[\] 18 or older						
	Name			□ 18 or older						
	☐ Check here if add	litional informati	on is attached							
	Supervisor Gross Income: \$ Previous Employer Employed From City/State Supervisor Gross Income: \$ Proof of income a Check here if add	To ttached	/mo. OR \$ /mo. OR \$	/hr., fo	hone	hrs. per	r week	(on av	erage)
	OTHER INCOME US Alimony, child support as a basis for paying th Source	SED FOR MONT t, or separate mair is obligation.	THLY EXPENSE ntenance income n Amount	eed not be revealed	Source				Amo	unt
	☐ Check here if add	litional informati	on is attached							
4.	BANK ACCOUNT IN	NFORMATION								
	Bank Na			Account Type			Bala	ance		
						\$				
						\$				_
						\$				_

5.		Loan Type	\$ _ \$	Balance Due	Monthly Payment \$\$ \$\$
	☐ Check here if additional information is attached		_ \$		\$ \$
6.		'ear	Color	•	
	☐ Check here if additional information is attached				
7.	7. PETS Does any Applicant or Occupant own any pets? (\subseteq Yes)		yes, provid		
	Pet 1 Type (Cat, dog, etc.)	Pet 2		Pet 3	
	Breed				
	Age Weight				
	Gender				
Q	8. OTHER INFORMATION				
	$(\Box \text{ Yes}) \ (\Box \text{ No})$ Have you ever declared bankruptcy or	suffered forecl	osure?		
	If yes, list any payments: \$				
	(\square Yes) (\square No) Have you ever defaulted on your morts (\square Yes) (\square No) Have you been evicted or sued for unparts			and managety?	
	(☐ Yes) (☐ No) Have you been evicted or sued for unpa (☐ Yes) (☐ No) Have you ever refused to pay rent for a		lages to lea	sed property?	
([(Yes) (No) Have you ever been convicted of or ent	tered a plea of			
([(☐ Yes) (☐ No) Since January 1, 1998, Have you been				
	County	Are yo	ou delingue	nt?	. Number.
If y	If you answered "yes" to any of the above questions, please ex	plain:			
	Check here if additional information is attached				
_					
9.	9. CONDITION OF PROPERTY The Property will be leased in the same condition as it is sl	nown unless of	herwise an	reed to in writing	•
10	10. APPLICATION FEE	iowii uiiiess ot	nerwise agi	iced to in writing	5•
10.	The Application Fee is NON-REFUNDABLE and will	not be applie	d towards	rent or other fir	nancial obligations should
	Applicant be approved, nor refunded if not approve	d. Applicant	agrees tha	nt this sum is	paid in consideration o
	Landlord/Broker for Landlord's review and/or verification	of the informa	tion stated	in the application	n.
11.	11. OBLIGATION TO ENTER INTO LEASE AGREEME				
	Upon submission of this Application, Landlord/Broker for rent list. If this Application is denied by Landlord, the Application is denied by Landlord.				
	is approved and Applicant fails to rent the Property, Landle				
12.	12. CONVICTED SEX OFFENDERS (MEGAN'S LAW)			11	•
	The Pennsylvania General Assembly has passed legislation			•	
	providing for community notification of the presence of				
	to contact the municipal police department or the Penisex offenders near a particular property, or to check				
	www.pameganslaw.state.pa.us.	. and mittilla	won on th	ic i ciinsyivailla	State Funct web site a

Applicant's Initials _____ RARL Page 3 of 4

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	Applicant name	
50 51 52 53 54 55 56 57 58	CREED, SEX, DISABILITY (physical or mental), FAM NATIONAL ORIGIN, USE OR HANDLING/TRAININ TIONSHIP OR ASSOCIATION TO AN INDIVIDUAL show, or rent properties, loan money, or set deposit and The municipality in which the Property is located may have access to housing to additional classes of individuals, su	oker, or anyone to use RACE, COLOR, RELIGION or RELIGIOUS ILIAL STATUS (children under 18 years of age), AGE (40 or older), G OF SUPPORT OR GUIDE ANIMALS, or the FACT OR RELAKNOWN TO HAVE A DISABILITY as reasons for refusing to sell, punts, or as reasons for any decision relating to the sale of property, ave enacted an ordinance or other law that extends the protections for ch as gay, lesbian, bisexual and transgender individuals and couples. I local municipality, representative from the Pennsylvania Human
60 61 62 63 64 65 66 67 68 69 70	ized by paragraph 16 of this Application, the Landlord or Br and must provide to you: (1) the name, address, and teleph phone number established by the agency if the agency compi the report, (2) a statement that the consumer reporting agency vide you with the specific reasons why your application was under the model used, up to four of the key factors that led to how to obtain a free copy of your consumer report from the accuracy or completeness of any information in a consumer recation because of information from a person other than a consumer than a consumer of the consumer report from the consumer of the consumer recation because of information from a person other than a consumer recation.	nole or in part on any information contained in the consumer report author- oker must provide you with oral, written or electronic notice of the denial, one number of the consumer reporting agency (including a toll-free tele- les and maintains files on consumers on a nationwide basis) that furnished y did not make the decision to deny the application and is unable to pro- sedenied, (3) a numerical credit score, the range of possible credit scores to the denial, and the date the credit score was created (4) information about consumer reporting agency, and (5) information about how to dispute the eport furnished by the agency. If the Landlord or Broker denies your appli- credit reporting agency (for example, an employer or prior landlord), the ht to make a written request to discover the nature of that information.
72 73	15. SPECIAL CLAUSES (A) The following are part of this Application if checl	zed•
74	☐ Advanced Payment Addendum (PAR Form AF	² A)
75 76	▼ TENANT to PROVIDE 3 PERSONAL □	REFERENCES (NO RELATIVES) w/ APPLICATION
77	(B) Additional Terms:	
78		
79		
80	16. AUTHORIZATION	
	By initialing below, Applicant provides the described authorizes Landlord or Broker for La Application. This information may include, but i rental history, verification of employment and Broker for Landlord may report to Landlord any Application. Applicant acknowledges that all integer edges that if applicant presents false or income	norization. Indoord to obtain any information deemed necessary to evaluate this is not limited to, credit reports, criminal history, judgments of record, salary, employment history, vehicle records, and licensing records, information obtained by Broker for Landlord for evaluation of the formation in the Application is true and correct. Applicant acknowliplete information Landlord may reject this Application. Applicant mation may result in forfeiture of any payments made in connection
80 81 82 83 84 85 86 87	By initialing below, Applicant provides the described authorizes Landlord or Broker for La Application. This information may include, but i rental history, verification of employment and Broker for Landlord may report to Landlord any Application. Applicant acknowledges that all in edges that if applicant presents false or incomunderstands that giving false or incomplete information.	ndlord to obtain any information deemed necessary to evaluate this is not limited to, credit reports, criminal history, judgments of record, salary, employment history, vehicle records, and licensing records, information obtained by Broker for Landlord for evaluation of the formation in the Application is true and correct. Applicant acknowleplete information Landlord may reject this Application. Applicant mation may result in forfeiture of any payments made in connection
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80 81 82 83 84 85 86 87 88 89 90 91 92 93	By initialing below, Applicant provides the described auti Applicant authorizes Landlord or Broker for La Application. This information may include, but i rental history, verification of employment and Broker for Landlord may report to Landlord any Application. Applicant acknowledges that all integes that if applicant presents false or incompunderstands that giving false or incomplete inforwith this Rental Application. Applicant authorizes the Broker for Owner to con Applicant agrees that Broker(s), his/her agent(s ber, individual taxpayer identification number, or cies, credit reporting companies, or others as ne	ndlord to obtain any information deemed necessary to evaluate this is not limited to, credit reports, criminal history, judgments of record, salary, employment history, vehicle records, and licensing records. Information obtained by Broker for Landlord for evaluation of the formation in the Application is true and correct. Applicant acknowlable information Landlord may reject this Application. Applicant mation may result in forfeiture of any payments made in connection tact the Applicant directly. In and/or employee(s) may provide Applicant's social security numdriver's license information and date of birth to lenders, title agencessary for obtaining reports or information from a credit reporting
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APPLICANT NAME _____ DATE _____

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

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APPLICANT SIGNATURE _____ DATE _____