



RENTAL APPLICATION

1535 N SYDENHAM STREET • PHILADELPHIA, PA 19121
215.232.3707 • FAX 215.232.0769 • WWW.TEMPLETOWNREALTY.COM

Desired Location: _____ **Desired Start Date:** _____ **# of people in group:** _____

Your Name: _____

Permanent Phone Number: _____ Cell/School Phone Number: _____

Social Security No.: _____ Driver's License No.: _____

e-mail address: _____

Names of people in your group: _____

Cosigner information:

Parent Name: _____ Parent Phone #: _____

Present Address: _____

Parents Social Security #: _____

Permanent Address: _____

How long at this address: _____ Reason for moving: _____

Parents Names: _____ Phone: _____

Previous School Address: _____ Complex Name: _____

Are You a Student at Temple?: Yes No If Yes, What School?: _____

Expected Date of Graduation: _____

Any Pets?: Yes No Describe: _____ Waterbed?: Yes No

Present Employment: _____ Employer: _____

Address: _____

How long with this employer: _____ Supervisor: _____ Phone: _____

Current Gross Income/Allowance Per Month - (STUDENT) (before deductions): _____

List Sources if income (other than present employment listed above): _____

Have You: ever filed for bankruptcy? Yes No ever been evicted? Yes No ever been convicted of a felony? Yes No
(if yes to any of the above, please describe/explain on the back)

Total # of Vehicle(s): _____ Model(s): _____ Year(s): _____

License Plate #(s): _____

How did you hear about us: _____

Name of person who referred you: _____

Personal Reference: _____ Phone: _____

Address: _____

Person to Contact in Case of Emergency: _____ Phone: _____

Address: _____

I declare that the statement above is true and correct, and I hereby authorize verification of references given and a credit check.

Date: _____ Your Signature: _____

RETURN TO:

Templetown Realty

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