



RENTAL APPLICATION

1535 N. Sydenham Street | Philadelphia, PA 19121
 215-232-3707 | Fax 215-232-0769 | www.TempleTownRealty.com

Office Use ONLY – Received: _____

Desired Location (if known): _____ Total # of people in group: _____
 Preferred Move-in Date: June 1st August 1st No Pref. Are you willing to share rooms?: Yes No Maybe

APPLICANT INFORMATION:		
Name:		
Permanent Phone #:		Cell Phone #:
Social Security #:		Driver's License # and State:
E-mail address:		
Names of people in your group:		
CO-SIGNER INFORMATION (all tenants must have a co-signer):		
Name:		Relationship to tenant:
Co-Signer address:		
Permanent Phone #:		Cell Phone #:
Social Security #:		E-mail address:
Have you ever: filed for bankruptcy? been evicted? been convicted of a felony?: If yes to any of the above, please explain/describe on the back		
Present Employment:		
Employer's address:		
How long with this employer?:		Supervisor: Phone #:
RESIDENTIAL HISTORY/OTHER INFORMATION:		
Permanent address (if different from co-signer):		
Current school address/complex name:		Current Rent:
Are you a student at Temple?:		If so, which school?:
Expected grad date:		Monthly allowance: Any pets?: Describe:
How did you hear about us?: College Living / Craigslist / Facebook / flyer / friend / internet search / Off-Campus 101 / Off-Campus Housing Fair / Temple If other please describe:		
Personal Reference:		Phone:
Address:		

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

Date: _____ Applicant Signature: _____