

## RENTAL APPLICATION

**AIELLO CUSTOM, INC.**  
**60 SHAMROCK LANE**  
**NEW OXFORD, PA 17350**  
**TELEPHONE: 717-451-3910**  
**FAX: 717-441-3767**  
**EMAIL: [justinaIELLO@hotmail.com](mailto:justinaIELLO@hotmail.com)**

**Rent Quoted:**  
**UNIT:**  
**PETS:**

	First, Middle & Last Name	Birth Date	Social Security #	Drivers License #
Applicant				
Applicant				
Occupant				
Occupant				
Occupant				
Occupant				

### Rental / Residence History

	STREET	CITY	STATE	ZIP	RENT OR OWN?	OWNER'S NAME	OWNER'S PHONE	LENGTH OF STAY	MONTHLY RENT
Present									
PREVIOUS									

REASON FOR LEAVING PRESENT ADDRESS:

REASON FOR LEAVING PREVIOUS ADDRESS:

APPLICANT	EMPLOYER	POSITION	PHONE#	DATES EMPLOYED	SUPERVISOR	MONTHLY GROSS PAY
CURRENT						
PREVIOUS						
CURRENT						
PREVIOUS						

DO YOU PRESENTLY RECEIVE ANY OF THE FOLLOWING?

WELFARE   
  FOOD STAMPS   
  SECTION 8   
  UNEMPLOYMENT   
  DISABILITY   
  ALIMONY   
  CHILD SUPPORT

If yes, please explain:

**CREDIT HISTORY:**

**Assets:**

ASSET	BANK / INSTITUTION NAME	ADDRESS	PHONE #	ACCOUNT #	BALANCE ON DEPOSIT
CHECKING					\$
SAVINGS					\$
MONEY MARKET					\$
IRA'S					\$
PENSION					\$
OTHER					\$

**Assets – Other (List and specify value for each asset)**


**Liabilities – Auto Loans / Credit Cards / Charge Accounts / Students Loans / Etc...**

LENDER	ADDRESS	PHONE #	ACCOUNT #	BALANCE OWED	MONTHLY PAYMENTS
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**VEHICLE INFORMATION: (Include vehicles belonging to other proposed occupants also)**

YEAR	MAKE	MODEL	COLOR	TITLE #	PLATE #	STATE

**GENERAL INFORMATION:**

**DO YOU PRESENTLY PAY OR HAVE YOU PAID ANY OF THE FOLLOWING IN THE LAST FIVE (5) YEAR?**

( ) ALIMONY ( ) CHILD SUPPORT ( ) JUDGMENT If yes, please explain:

**HAVE YOU HAD ANY DELINQUENT ACCOUNTS WITH THE FOLLOWING UNTILITY COMPANIES WITHIN THE LAST (5) YEARS?**

( ) GAS ( ) OIL ( ) ELECTRIC ( ) WATER ( ) SEWER ( ) TRASH ( ) TELEPHONE ( ) CABLE TV If yes, please explain:

**HAVE ANY OF THE FOLLOWING EVENTS OCCURRED IN YOUR LIFE?**

( ) BANKRUPTCY ( ) FORECLOSURE ( ) LAWSUIT ( ) EVICTION ( ) CONVICTION OF A CRIME If yes, please explain:

**DO YOU OWN A PET OF ANY KIND? If yes, please list Type, Breed, Weight & Age:**

**DO YOU OR ANY OCCUPANTS SMOKE? If yes, please explain:**

**CONTACT INFORMATION:**

**Nearest Relative(s) Living Elsewhere:**

NAME	ADDRESS	HOME PHONE	WORK PHONE	RELATIONSHIP

**Emergency Contacts:**

NAME	ADDRESS	HOME PHONE	WORK PHONE	RELATIONSHIP

**By signing this application, you grant us permission to communicate with all of the contacts listed in this section in the event we cannot locate you.**

**Furthermore, if you abandon the premises for any reason, you then grant us permission to allow your contacts listed above, to remove all personal contents of the dwelling on your behalf.**

**MARKETING SURVEY:**

HOW DID YOU HEAR ABOUT THE PROPERTY?

WHAT FEATURES DID YOU LIKE ABOUT THE PROPERTY?

HAVE YOU EVER CONSIDERED PURCHASING A HOME OR BUILDING? If yes, please explain:

**AGREEMENT & AUTHORIZATION SIGNATURE**

I attest that the statements I have made herein are true and correct. I hereby authorize a credit and/or criminal check to be preformed, verification of information I have provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for tenancy and does not constitute a rental or lease agreement in whole or part. I further understand that there is a **Fifty Dollar (\$50.00) non-refundable fee** to cover the cost of processing my application and I am not entitled to a refund even if I do not receive approval. I acknowledge and understand that this authorization will survive the expiration of my tenancy. Any questions regarding rejected applications must be submitted in writing to the aforementioned address and accompanied with a self-addressed stamped envelope.

**If a Holding Deposit is received, said deposit shall be non-refundable, in its entirety, at the sole discretion of Aiello's Custom, Inc, without any further justification or communication required. By signing below, you attest to this condition.**

**Applicant's Signature:**

**Date:**

**Applicant's Signature:**

**Date:**

Filename: Aiello's Rental Application  
Directory: C:\Users\justin\Desktop  
Template: C:\Users\justin\AppData\Roaming\Microsoft\Templates\Normal.dotm  
Title:  
Subject:  
Author: Justin  
Keywords:  
Comments:  
Creation Date: 12/9/2014 4:54:00 PM  
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