

RENTAL APPLICATION

MK Properties 130 Carlisle Street, Hanover, PA 17331 (717) 633-9385 / Fax: (717) 225-0847

PERSONAL DATA

NAME	SOCIAL SECURITY NUMBER	
DATE OF BIRTH:	DRIVERS LICENSE #	EXPIRES
NAME OF CO-TENANT	SOCIAL SECURITY NUMBER	
DATE OF BIRTH:		
PRESENT ADDRESS	DRIVERS LICENSE #	EXPIRES
CITY/STATE/ZIP	PHONE NUMBERS	
HOW LONG AT PRESENT ADDRESS	LANDLORD	PHONE
CURRENT RENT	PAID THROUGH	CURRENT LEASE EXPIRES
PREVIOUS ADDRESS	HOW LONG?	LANDLORD PHONE
CITY/STATE/ZIP		
OCCUPANTS } _____		PETS?

EMPLOYMENT

	PRESENT OCCUPATION*	PRIOR OCCUPATION*	CO-TENANT'S OCCUPATION
OCCUPATION			
EMPLOYER			
SELF-EMPLOYED, DOING BUSINESS AS			
BUSINESS ADDRESS			
BUSINESS PHONE			
TYPE OF BUSINESS			
POSITION HELD			
NAME AND TITLE OF SUPERVISOR			
HOW LONG			
MONTHLY GROSS INCOME			

*If employed or self-employed less than two years, give same information on prior occupation

REFERENCES

BANK REFERENCE:		ADDRESS:			PHONE:
CREDIT REFERENCE	ACCOUNT NO.	ADDRESS	HIGHEST AMOUNT OWED	PURPOSE OF CREDIT	ACCOUNT OPEN OR DATE CLOSED
PERSONAL REFERENCE	ADDRESS		PHONE	LENGTH OF ACQUAINTANCE	OCCUPATION
NEAREST RELATIVE	ADDRESS		PHONE	CITY	RELATIONSHIP

Have you filed a petition for bankruptcy? _____ Have you ever been evicted from any tenancy? _____

Have you ever willfully and intentionally refused to pay any rent when due? _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF CONSUMER CREDIT REPORT.

I agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above.

APPLICANT: _____

APPLICANT: _____

DATED: _____