

Section 8 Only
RENTAL APPLICATION

Mountainview Community

1592 Crucible St.
Pittsburgh, PA 15205
412-626-6000
412-458-0693 Fax

**** Application must be completed in full in order to process.**
****Must have a valid ID of applicant and co-applicant, copies of social security cards and birth certificates for all occupants, Landlord verification, and verification of all sources of income BEFORE application can be processed.**

Applicant Name: (Last) _____ (First) _____ (MI) _____

Social Security #: _____-_____-_____ DOB: ____/____/____ Marital Status: S M DV

Drivers License #: _____ State Issued: _____

Home Phone: (____) _____-_____ Cell Phone: (____) _____-_____

Other Occupants:

Name	DOB	SS#	Relationship
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

Pets:

Do you have any pets? YES NO

Dogs: _____ Cats: _____

Names, ages, weight, color: _____

Do you have Vet paper work? _____

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Employment

Employer: _____ Position: _____
Address: _____ Phone: (____) _____-_____
Dates: From: _____ To: _____ Current Salary: _____
Circle: Full Time Part Time Retired Self Employed Not Employed
Supervisors Name: _____ Phone: (____) _____-_____

Please List Other Sources of Income & The Amount:

Where did you hear about us? _____

Promotional Code: _____

Have you ever been convicted of a crime? _____

If so, What? _____

Have you ever been evicted? _____

If so, When & Why? _____

Of BR desired: _____ **Expected Move in Date:** _____

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Current Address

Street: _____ Apt: _____
City: _____ State: _____ Zip Code: _____
Dates of residency: From _____ To _____ Monthly Rent: _____

Landlord Name: _____
Landlord Address _____
Landlord Phone Number: _____
Reason for Moving _____

Prior Address

Street: _____ Apt: _____
City: _____ State: _____ Zip Code: _____
Dates of residency: From _____ To _____ Monthly Rent: _____

Landlord Name: _____
Landlord Address _____
Landlord Phone Number: () _____
Reason for Moving _____

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NOTE: All applicants owning pets must have Landlords prior written approval, complete a pet addendum to the lease, pay an additional refundable deposit and pets must have proof of registration and current shot records. No pitbulls, rottweilers, Dobermans, or chows are permitted at any time.

The management relies on the information provided above to be complete and accurate in order for the application to be processed in a timely manner. (3-5 days) Any false statements, misrepresentations, inaccurate information or failure to supply the information requested may serve as a rejection of your application. By signing this application, you are authorizing the use of any credit reporting agencies to verify credit. Furthermore, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information.

The above information, to the best of my knowledge is true and correct.

I/We authorize an investigation of my credit, a criminal background check, tenant history, banking and employment for the purposes of renting an apartment form this owner/manager.

Applicant Signature: _____ Date: _____

Name: (Printed) _____

TENANT HISTORY REQUEST

(Section 8)

Mountain View Community
1592 Crucible Street, Pittsburgh PA 15205
Phone: 412-626-6000
Fax: 412-458-0693

The following is a rental verification to be completed by current landlord. Please complete and fax back to 412-458-0693.

Rental reference requested for _____

Current Address _____

Payment History _____ Deposit Amount _____

Number of NSF _____ Deposit Returned _____

Number of Late Payments _____ Outstanding Amounts _____

Number of Complaints on Tenant _____

Please Explain _____

Damages to Unit/Housekeeping issues _____

Any unauthorized persons staying in unit _____

Would you re-rent to this tenant? _____

If no, please explain _____

Date tenant vacated the property _____

Name of person or representative giving information _____

Phone Number _____

Signature _____ Date _____

Thank you for your prompt attention to this matter. Kindly fax completed form back 412-458-0693.

Sincerely,

Mountain View Community