

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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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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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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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.

I/We hereby deposit \$25, which is the non refundable payment for a credit and processing charges, receipt of which acknowledged by management such sum is not a rental payment. In the event this application is disapproved, this deposit will be retained by management to cover the cost of processing the application as furnished by the applicant. This application must be signed before management will process it.

I hereby acknowledge and understand that a security deposit is required in order to reserve a unit. I hereby acknowledge and understand that if my application is approved and I decide to cancel this application, the security deposit is non refundable. I hereby acknowledge and understand that if my application is denied, the security deposit will be refunded. I hereby deposit \$600, which is a holding fee that will be applied to my security deposit.

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) _____

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The following is a rental verification to be completed by current landlord. Please complete this to the best of your ability & fax back to us at 412-458-0693 at your earliest convenience.

Rental reference requested for _____

Current Address _____

Payment history _____ Deposit Amount _____

NSF History _____ Deposit Returned _____

Number of Late Payments _____ Outstanding Amounts _____

Complaints on Tenant _____

Please explain _____

Damages to Unit/Housekeeping Issues _____

Any unauthorized persons staying in unit _____

Would you re rent to this tenant _____

Please explain _____

Date tenant vacated the property _____

Name of person or representative giving information _____

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

Sincerely,

Mountainview Community