



P.O. Box 60102
Pittsburgh, PA 15211
Phone: 412-708-4349
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Rental Application

Today's date: _____ Occupancy date desired: _____
Rental price range: _____ Type/size desired: _____
Rental address shown: _____

Applicants Personal Information

Last name: _____ Maiden: _____ First: _____ Middle: _____
Birth Date: _____ Driver's License/ID number/state: _____
Social Security #: _____ Email address: _____
Additional Occupants (List every occupants name and their relationship below, including children)

Preferred Method of Payment? Check: _____ Money order: _____
Preferred type of rental desired: Standard _____ Customized _____ Deluxe _____
Preferred Rental Due Date: Monthly _____ Payday plan-Biweekly _____
Other alternative-Weekly _____

How long do you plan on living in the next rental home that meets your needs? _____
Would you like to receive a rental gift on your anniversary dates as part of the 3-Star Resident Program? Yes No
Would you like to purchase a home within the next two to three years? Yes No
If so, what size/type property would you like to buy? _____
Would you be interested in our Future Home Buyers Program to help you find and buy your first home? Yes No
Are you able to handle all the minor maintenance/upkeep in the property? Yes No
Check the following items that you own:
Vacuum Cleaner Mop Broom Plunger Lawn Mower
Appliances (if so, which ones) _____
Do you have renter's insurance? Yes No Do you have any water-filled furniture? Yes No
Have you ever broken a lease? Yes No Have you ever refused to pay rent for any reason? Yes No
Have you ever been found liable for property damage? Yes No
Have you ever been evicted or asked to leave a rental unit? Yes No
Ever filed for bankruptcy? Yes No Ever been convicted of a crime? Yes No
If yes, please explain. _____
Will you give us permission to do a criminal background check? _____
Is there anything to prevent you from placing utilities or phone in your name? _____
Do you know of anything or any reason which may interrupt your ability to pay rent? _____

Residence History

Present address: _____
City: _____ State: _____ Zip: _____
Dates lived at this address? _____ Own: Rent: Occupy: Current phone: _____
How many pets do you have? _____ Type(s): _____
Name of present landlord/owner/mortgage company: _____
Address of present landlord/mortgage company: _____
Landlord's phone: _____ Monthly payment: _____
Reason for moving: _____
Is your rent/mtg. current? _____

Number of late payments? _____ Security deposit amount currently held by landlord? _____

Previous residence address: _____

Previous landlord: _____ Previous landlord's phone: _____

Dates at this address: _____ Reason for moving? _____

Was your full security deposit returned? _____ Number of late payments? _____ Monthly payment? _____

Previous residence address: _____

Previous landlord: _____ Previous landlord's phone: _____

Dates at this address: _____ Reason for moving? _____

Was your full security deposit returned? _____ Number of late payments? _____ Monthly payment? _____

Income History

Applicant's current employment status:

Full-time: _____ Part-time(less than 32hrs): _____ Student: _____ Retired: _____ Self-employed: _____

Unemployed: _____ Other: _____

Primary source of employment:

Applicant employed by: _____ Supervisor's name: _____

Average weekly hours: _____ How long at the place of employment? _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Position: _____ Salary: _____

Please indicate weekly, monthly, **or** annual average take home: _____

Additional Employment

Employed by: _____ Supervisor's name: _____

Average weekly hours: _____ How long at the place of employment? _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Position: _____ Salary: _____

Please indicate weekly, monthly, **or** annual average take home: _____

Additional Income / Payment Information

In the event of some emergency that would prevent you from paying rent when due, is there a relative, person or agency that could assist you with rent payments?

1st emergency contact: _____ Relationship: _____

Address: _____

Phone: _____ 2nd phone: _____

2nd emergency contact: _____ Relationship: _____

Address: _____

Phone: _____ 2nd phone: _____

Do you currently have a savings account, line of credit, or charge card sufficient to cover one month's rent? _____

Additional income (optional)

If there are additional, verifiable sources of income you would like considered, please list income source (e.g., self-employment, social security, benefit payments), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional source: _____ Amount: \$ _____ Per: _____

Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue? _____ Is there any reason it would stop? _____

Additional source: _____ Amount: \$ _____ Per: _____
Contact person: _____ Phone: _____
How long have you been receiving income from this source? _____
How long do you expect this income to continue? _____ Is there any reason it would stop? _____

Assets / Credits / Loans

Number of vehicles on property? _____ Valid registration and inspection? _____
Do you have any commercial vehicles, RV, campers, boats, or motorcycles? _____

Vehicle #1 (make/model/color/year): _____
Please note, only cars on application are authorized to be on premises.
Plate number: _____ State: _____
Financed/leased through: _____
Contact and phone number: _____
Acct. #: _____ Monthly payment: _____

Vehicle #2 (make/model/color/year): _____
Please note, only cars on application are authorized to be on premises.
Plate number: _____ State: _____
Financed/leased through: _____
Contact and phone number: _____
Acct. #: _____ Monthly payment: _____

Credit Cards, Loans (including banks, department store, gas cards, student loans. Please add additional creditors on separate addendum).

Creditor: _____
Address: _____
Phone: _____ Acct. #: _____
Total amount owed: _____ Monthly payment: _____ Are your payments current? _____

Other Creditor:
Address: _____
Phone: _____ Acct. #: _____
Total amount owed: _____ Monthly payment: _____ Are your payments current? _____

List any other current monthly expenses?

Hospital payment: _____ Health insurance: _____ Auto insurance: _____
Renter's insurance: _____ Child care: _____ Tuition: _____
Cable TV: _____

Bank Reference

Name of bank or branch: _____ Phone: _____
Branch address: _____
Checking acct. #: _____
Savings acct. #: _____
How long account active? (C) _____ (S) _____ Average monthly balance: (C) _____ (S) _____

Personal/Professional References

Character/personal reference:
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship? _____ How long? _____ Phone: _____

Professional reference (e.g., attorney, accountant):

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship? _____ How long? _____ Phone: _____

Nearest living relative:

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship? _____ How long? _____ Phone: _____

If you die or are seriously ill, missing, or in jail or penitentiary according to an affidavit of (check one or more):

The above person _____, Tenant spouse _____, Tenant parent _____, Tenant child _____, we may allow such person(s) to enter Tenant dwelling to remove all contents, as well as Tenant property in the mailbox, storerooms, and common areas. If no box is checked, any of the above is authorized at our discretion. If you are seriously ill or injured, you authorize us to send for an ambulance at Tenants expense. We are not legally obligated to do so.

If you become seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to or calling doctors or emergency personnel.)

Name of doctor or health care provider: _____
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Relationship? _____ How long? _____ Phone: _____
Important medical information about you in an emergency:

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? Yes No

If management has a question regarding this application, please furnish the best contact phone number:

Day phone/contact person: _____
Night phone/contact person: _____

How did you hear about this property? _____
Newspaper: (which one?) _____ Referral: (who?) _____
Sign at Property: _____ Web Site: _____ Other: _____

Thank You!

Thank you for completing an application to rent from us. Please sign below. This rental unit is offered without regard to Race, Color, Religion, Sex, Handicap, Familial Status or National Origin.

Please note that a completed application requires submission of the following, which will be copied and attached to this application:

Driver's license or sheriff's picture ID. Note: Rentals will not be shown without picture ID.

Personal check (to verify bank)

2 weeks of most current pay stubs of each income source listed

If self-employed, most current Schedule C tax return and proof of current income

A fee of **\$35.00** is charged on all rental applicants for the purpose of verifying the information furnished on this application. By signing below, applicant hereby represents all information on this application is true, complete, and hereby authorizes annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary. This fee is only refundable if applicant meets our minimal criteria but is not selected because they were not the first qualified applicant.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Free Upgrade Bonus

Final note: Our Company offers a free upgrade for residents who recommend friends, relatives, or coworkers to us and they meet our minimum criteria and decide to rent from us or be placed on our priority waiting list. If your application is accepted, you may be able to qualify for a free upgrade in your new residence. Please give the name of a friend, relative, or coworker along with a phone number and we will contact them to see if they too would like to apply and rent one of our homes. The following person(s) may be interested in renting a home:

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicant's signature: _____ Date: _____

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