**Rental Inquiry – 1201 Bethlehem Pike, Flourtown**

Please e-mail this form to [mbeauty@beautyman.com](mailto:mbeauty@beautyman.com) and lessor will contact you.

Animals, tobacco, alcohol, and/or drugs are not permitted on the premises.

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| What is your name? | | |
| How would you like to be contacted?(Please provide either a phone number and/or an email address) | | |
| When is the best time to contact you? | | |
| Please briefly describe what you are renting the space for?(Description of proposed use) | | |
| **In the list below, please answer yes/no.** | **Yes** | **No** |
| Do you need exclusive use of office? |  |  |
| Do you need to receive guests? |  |  |
| Do you need furniture? |  |  |
| Do you need a receptionist? |  |  |
| Do you need a telephone line? |  |  |
| Do you need use of the fax machine? |  |  |
| Do you need use of the photocopier? |  |  |
| Do you need heat/ air conditioning? |  |  |
| Do you need use of the kitchen? |  |  |
| Do you need use of a bathroom? |  |  |
| Will you clean your office? |  |  |
| Will you have tenant's insurance? |  |  |
| Will you agree to waive lessor's liability? |  |  |
| Would you prefer that your utility charges (electricity, heat, and air conditioning) are included in your monthly rental amount, or do you prefer to pay a percentage of the premises’ monthly utility bill? (Please explain below) | | |
| When do you need to start using the rented space? | | |
| How long do you plan to rent the space for? (Term of rental) | | |
| How long of an advance notice will you provide before you terminate the contract?  Two weeks One month Two months | | |
| What is your proposed rent ($ per use, hour, day, week, or month)? (Note: Lessor will make final decision on rent terms.) | | |
| Additional comments/questions | | |

**Rental Application Form**

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| hereby states that with respect to this property 1201 Bethlehem Pike, Flourtown, PA.  I am acting in the following capacity: (check one)  \_\_\_ Owner/Landlord of the Property  \_\_\_ A direct employee of the Owner/Landlord  \_\_\_ An agent of the Owner/Landlord pursuant to a property management or exclusive   leasing agreement  Consumer - I acknowledge that I have received this Notice:  Date:  Consumer (print name): (sign):  Address:  .  Phone number:  (Licensee) I certify that I have provided this Notice:  Date:  Licensee (print name): (sign): \_\_\_\_\_\_  Address:  .  Phone number: |

**Rental Application Form**

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| **PERSONAL INFORMATION** |
| Applicant's Full Name  Social Security No. Date of Birth  Driver's License (number) (state) \_\_\_\_\_\_  Dependent Children  (name) (date of birth)  (name) (date of birth)  (name) (date of birth)  (name) (date of birth)  (name) (date of birth)  (name) (date of birth) |
| **RESIDENCE HISTORY** |
| Present Address:  .  Present Address Since (date)  Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Present Landlord or Mortgage Co.  Landlord or Mortgage Telephone  Landlord or Mortgage Address:  .  Monthly Payment $  Reason for Moving  Previous Address:  .  At Previous Address From (date) \_\_\_ To (date)  Monthly Payment $  Previous Landlord or Mortgage Co.  Landlord or Mortgage Telephone  Landlord or Mortgage Address:  .  Monthly Payment $  Reason for Moving |

**Rental Application Form**

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| **EMPLOYMENT INFORMATION** |
| Present Employment Status:  Full-Time  Part-Time  Unemployed  Retired  Present Employer (or most recent):  Employee Address: \_\_\_\_\_\_  . .  Employer Telephone \_\_\_\_\_\_  Employed From (date) To (date) \_\_\_\_\_\_\_\_  Position Held \_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_  Supervisor \_\_\_\_\_\_\_\_\_\_\_\_ Gross Monthly Income $ \_\_  Other Income (bonus, commission, etc.) $  Previous Employer:  Employer Address:  . .  Employer Telephone  Employed From (date) To (date) \_\_  Position Held \_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_  Supervisor \_\_\_\_\_\_\_\_\_\_\_\_ Gross Monthly Income $ \_\_ |

**Rental Application Form**

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| **BANKING AND CREDIT INFORMATION** |
| Bank Name & Branch  Bank Telephone  Account No. (checking) \_\_\_ \_\_\_\_\_\_ (savings) \_\_\_\_  Loan Account No. \_\_\_\_\_\_\_\_\_\_\_ Monthly Payment $ \_\_\_\_  Have you or co-applicant ever:  Been sued for non-payment of rent? yes no  Been evicted or asked to move out? yes no  Broken a rental agreement or lease? yes no  Been sued for damage to rental property? yes no  Declared bankruptcy? yes no  If you answered YES to any of the above, please explain.            Desired monthly rental payment (or range) $ |
| **OTHER INCOME** |
| If there are other sources of income you would like us to consider, please list income, source and person (Banker, Lawyer, Employer, etc.) who we could contact for confirmation. Please describe your income (alimony, child support or support maintenance). Income need not be revealed if you do not wish to have it considered as a basis for paying your rental obligation. If you wish for this type of income to be considered, please provide us with a copy of a court order or written agreement detailing such income.  Amount $ Per Source Telephone  Amount $ Per Source Telephone |

**Rental Application Form**

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| **CO-APPLICANT INFORMATION** |
| Co-Applicant's Full Name  Address:  . .  Telephone \_\_\_\_\_\_\_\_\_\_\_\_  Email address \_\_\_\_\_\_\_\_\_\_\_\_  Social Security No. \_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_  Driver's License (number) (state)  Present Landlord or Mortgage Co.  Landlord or Mortgage Telephone \_\_\_\_\_\_  Address:  . . Monthly Payment $  Reason for Moving  Present Employer (or most recent):  Employer Address:  . .  Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employed From (date) To (date)  Position Held \_\_\_\_\_\_\_\_\_\_\_\_ Supervisor  Gross Monthly Income $ \_\_\_\_\_\_ Other Income $ |

**Rental Application Form**

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| **OTHER INFORMATION** |
| **Vehicles:**  Total number of vehicles (including company vehicles) \_\_\_\_\_\_\_\_\_\_\_\_  Make/Model Year Color Tag No. / State  Make/Model Year Color Tag No. / State  Make/Model Year Color Tag No. / State  Other car, motorcycle, etc.  **In case of personal emergency, notify:**  Name  Relationship \_\_\_\_\_\_  Address    Home phone  Work phone \_\_\_\_\_\_  Name  Relationship \_\_\_\_\_\_  Address    Home phone  Work phone \_\_\_\_\_\_ |

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| **AUTHORIZATION** |
| PLEASE READ CAREFULLY BEFORE SIGNING. |
| This is a preliminary application and does not obligate the lessor or the lessor's agent to execute a lease or deliver possession of the proposed or any other premises. To hold a house, payment of a deposit equal to one month's rent and all application documentation is required. **APPLICANT(S) SHALL BE ENTITLED TO A REFUND OF THE DEPOSIT ONLY IF LESSOR 1.) RECEIVES A CANCELLATION NOTICE IN WRITING WITHIN FIVE CALENDAR DAYS OF RECEIPT OF THE DEPOSIT OR 2.) GIVES WRITTEN NOTIFICATION THAT THIS APPLICATION IS DENIED.** Once an applicant is approved, the deposit will be applied to the security deposit pursuant to the terms of the lease.  Application may be denied for any of the following reasons: unfavorable or insufficient credit history; unfavorable landlord or employment reference(s); insufficient income to support the lease payments; inaccurate or falsified information submitted on the application; and/or the number of occupants exceeds the property's limit. A fee of $35.00 is charged for the first applicant and a fee of $10.00 is charged for each co-applicant by lessor to obtain credit histories. This fee is non-refundable.  Pursuant to the Human Relation Act of Pennsylvania (P.L. 744 as amended), it is an unlawful discriminatory practice to discriminate against a prospective occupant or user in the terms or conditions of leasing any housing accommodation or commercial property, or to elicit information, make or keep any record or use a form of application containing questions regarding race, color, religious creed, ancestry, sex, national origin, handicap or disability, age or familial status.  I / We the undersigned acknowledge that all information given in this application is true and correct and that falsified statements herein are grounds for termination of Lease. I / We hereby authorize the verification of the information contained herein, including but not limited to obtaining information from employers, landlords, personal references, banks and credit bureaus. I / We further attest to being 18 years old and of legal age to enter into a contract.  I / WE HAVE READ AND AGREE TO THE PROVISIONS AS STATED ABOVE.  APPLICANT  DATE  CO-APPLICANT  DATE |

**LANDLORD VERIFICATION**

Date

Dear

(name) has applied for a rental property belonging to our company. As part of the approval process, it is necessary that we receive a verification of tenancy from his/her current or previous landlord. Please complete the questions at the bottom of this form. Kindly return the form via fax (215)836-6886, via email to [mbeauty@beautyman.com](mailto:mbeauty@beautyman.com), or call (267)679-7440. The applicant has already signed this form to authorize the release of the requested information. Thank you very much for your assistance.

Beautyman Real Estate

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I authorize the release of the information below to Beautyman Real Estate, Owner/Agent for the purpose of determining my eligibility to rent a house or apartment.

Date Signature \_\_

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1. Length of tenancy \_\_\_\_\_

2. Monthly rent amount $ \_\_\_\_\_

3. Did tenant pay the rent on time? \_\_\_\_\_

4. Do you know of any damages or other problems created by this tenant? \_\_

5. Would you lease a house/apartment to this tenant again in the future? \_\_

6. Your Name, Signature, and Title

**EMPLOYMENT VERIFICATION**

Date

Dear

(name) has applied for a rental property belonging to our company. As part of the approval process, it is necessary that we receive a verification of employment from his/her current or previous employer. Please complete the questions at the bottom of this form. Kindly return the form via fax (215)836-6886, via email to [mbeauty@beautyman.com](mailto:mbeauty@beautyman.com), or call (267)679-7440. The applicant has already signed this form to authorize the release of the requested information. Thank you very much for your assistance.

Beautyman Real Estate

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I authorize the release of the information below to Beautyman Real Estate, Owner/Agent for the purpose of determining my eligibility to rent a house or apartment.

Date Signature

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1. Date of hire

2. Monthly salary $

3. Other compensation $

4. Is employment:

\_\_\_ Full-time

\_\_\_ Part-time

\_\_\_ Permanent

\_\_\_ Temporary

5. Likelihood of continued employment

6. If party is no longer employed: Termination date

7. Reason of termination

Employer

Title

Date

**AUTHORIZATION AND UNDERSTANDING STATEMENT**

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| Applicant's Full Name  Social Security No. Date of Birth \_\_\_\_\_\_\_\_\_\_\_  Driver's License (number) (state) \_\_\_\_\_\_\_\_\_\_\_\_  Address:  .. .  City State Zip  I authorize management or its agents, to contact either orally or in writing any third parties to obtain information which it or its agents deem necessary and appropriate in verifying my application. I specifically authorize management or its agents to obtain from any **state or local enforcement agency** to include U.S. Military authorities concerning my conduct, including records of any **Criminal History Record** information and **Motor Vehicle Records**.  Applicant Signature |