



Dear Prospective Stonebridge Run Resident:

Attached is a copy of our rental application. Please complete the application and return it to our office with following:

- 1. Application fee of \$50.00 per person 18 years of age and older (non-refundable) Payable in a form of a MONEY ORDER**
- 2. Copy of Valid Driver's License or State Issued ID**
- 3. Social Security Card**
- 4. Copies of two most recent payroll stubs and/or Proof of income**
- 5. Copy of latest bank statement showing direct deposit payments if applicable**
- 6. A \$400.00 holding deposit to hold a specific unit. The \$400.00 deposit is a holding fee for your apartment and will be deducted from your move-in monies. Payable in a form of a MONEY ORDER.**

Upon approval of your application a \$60.00 Bristol Township inspection fee will be due, payable in a form of a MONEY ORDER.

We look forward to having you as a resident of
Stonebridge Run Apartments

OFFICE USE ONLY

Date: _____ Deposit: _____ Apt. #: _____
Unit Type: _____ Monthly Rent: _____ Lease Term: _____
To: _____ NTV Requirements: _____ Days Security Deposit: _____
Prorate Amount: _____ for date _____ from _____
Other fee: _____ Balance Due on Move-in: _____
Number of Occupants in Apartment: _____ Children: _____ Cosigner: Y N

RENTAL APPLICATION**1. APPLICANT "A":**

Name: _____ Date of Birth: _____
Social Security #: _____ - _____ - _____ Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ E-mail: _____
Own: _____ Rent: _____ Amount Paid: _____ W/ Relatives or Friends: Y N Dates: _____
Landlord or Mortgage Holder: _____
Address: _____ Phone #: _____
Previous Address: _____
City: _____ State: _____ Zip Code: _____
Own: _____ Rent: _____ Amount Paid: _____ W/Relatives or Friends: Y N Dates: _____
Previous Landlord or Mortgage Holder: _____
Address: _____ Phone #: _____

Please list all places you have lived in the last 8 years with names and phone # of landlord, and any family or friendship relationship for each place of residence if not shown above:

1. APPLICANT "B":

Name: _____ Date of Birth: _____
Social Security #: _____ - _____ - _____ Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ E-mail: _____
Own: _____ Rent: _____ Amount Paid: _____ W/ Relatives or Friends: Y N Dates: _____
Landlord or Mortgage Holder: _____
Address: _____ Phone #: _____
Previous Address: _____
City: _____ State: _____ Zip Code: _____
Own: _____ Rent: _____ Amount Paid: _____ W/Relatives or Friends: Y N Dates: _____
Previous Landlord or Mortgage Holder: _____
Address: _____ Phone #: _____

Please list all places you have lived in the last 8 years with names and phone # of landlord, and any family or friendship relationship for each place of residence if not shown above:

APPLICANT “A”:

Additional Income (List sources & Amounts): _____

Please list places of employment in the last 7 years with names and phone numbers of supervisor if not shown above:

APPLICANT “B”:

Additional Income (List sources & Amounts):

Please list places of employment in the last 7 years with names and phone numbers of supervisor if not shown above:

APPLICANT "B"

Monthly Payment: _____

Make Payments to: _____

5. CREDIT DIFFICULTIES:

Please describe all past due, current or delinquent problems with any credit cards, loans or rental payments: _____

6. PERSONAL**INDICATE APPLICANT "A" OR "B" IF ANY "YES" ANSWERS**

Have you ever been convicted of a crime? _____

Do you have any outstanding judgments or any overdue or unpaid bills or loans?

Were you ever involved in a landlord-tenant filing/eviction action? _____

Have you ever had a bed bug infestation or other pest infestation? _____

If yes, explain: _____

Are you a co-signer or endorser on a loan? _____

Have you ever declared bankruptcy? _____

Explain any "yes" answers:

Do you have any pets? If yes, type, age weight:

Name of all Individuals to occupy apartment:	Age(s)	Date of birth
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APPLICANT "A"

Nearest Relative Not Living with Applicant: _____

Address: _____

Phone: () _____

Referred to Stonebridge Run Apartments by: _____

APPLICANT "B"

Nearest Relative Not Living with Applicant: _____

Address: _____

Phone: () _____

Referred to Stonebridge Run Apartments by: _____

I hereby acknowledge payment in the amount of \$ _____ as a deposit for Apartment # _____ at 1717 Bath Road, Bristol, Pa 19007. **It is understood and agreed that should I withdraw this application after the third business day on _____, I will forfeit this deposit and Stonebridge Run Apartments/ South Penn Associates may keep said deposit for costs and damages incurred. It is also understood that by the end of the third business day if Stonebridge Run Apartments does not receive a completed application and all appropriate paperwork from all applicants Stonebridge Run Apartments has the right to place the above mentioned apartment back on the market for rental and said deposit will be refunded.** If my application is rejected for any reason, this amount will be refunded to me in its entirety. Otherwise, this money will become credit towards any of the advance rent or security deposit to be paid. A non-refundable check/application fee of \$ 50.00 is charged for each applicant.

Application states that every question has been answered fully and accurately. It is agreed that this application will be rejected with out further review if landlord discovers any missing or inaccurate information.

The undersigned applicant hereby specifically authorizes Landlord or his agents to obtain, and authorizes people to give the Landlord or his agents, any other information which may be available about the applicant (i.e. verification of income, employment, residences, credit history, criminal history, bank accounts, personal references, and any other pertinent information).

Applicant Signature

Applicant Signature

Print First Name, Middle Initial, Last Name

Print First Name, Middle Initial, Last Name

Social Security Number

Social Security Number

Date

Date

Current Address

Current Address

Leasing Agent

Date

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

STONEBRIDGE RUN APARTMENTS
1717 BATH ROAD, #A-12 BRISTOL, PA 19007
PHONE: 215-788-6030 FAX: 215-788-1882
Email: Stonebridgrunleasing2@verizon.net

Landlord Verification

I hereby give my approval for a Rental Verification:

Applicant Signature

Date

Landlord/Property Manager please answer the below questions:

NAME OF APPLICANT(S): _____

RENTAL ADDRESS: _____

LIST ALL OCCUPANTS: _____

MONTHLY RENT \$ _____ RENT PAID ON TIME? _____ CURRENT BALANCE: _____

LEASE BEGIN DATE: _____ VACATE DATE: _____ PROPER NOTICE GIVEN? _____

HOW MANY TIMES WAS RENT LATE? _____ HOW MANY NSF CHECKS? _____

WAS A LEASE RENEWAL OFFERED TO THE RESIDENT? YES NO N/A

WAS COURT ACTION EVER TAKEN? YES NO

DOES/DID THE RESIDENT KEEP THE UNIT CLEAN? YES NO DON'T KNOW

DOES/DID THE RESIDENT HAVE OR HAD A BUG INFESTATION? YES NO IF YES EXPLAIN:

DID THE RESIDENT CAUSE ANY DAMAGE TO THE UNIT? YES NO EXPLAIN: _____

DID YOU KEEP ANY OF THE SECURITY DEPOSIT? YES NO DON'T KNOW

IF YES, PLEASE DESCRIBE THE CHARGES: _____

DOES/DID THE RESIDENT PERMIT UNAUTHORIZED PERSONS TO LIVE IN THE UNIT? YES NO

HAS THE RESIDENT INTERFERED WITH THE RIGHTS & QUIET ENJOYMENT OF OTHER RESIDENTS?
YES NO

HAS THE APPLICANT EVER CAUSED POLICE ACTIVITY AT THE PROPERTY? YES NO

IF YES PLEASE EXPLAIN: _____

WOULD YOU RE-RENT IF QUALIFIED? _____

ADDITIONAL COMMENTS: _____

RENTAL AGENT

DATE

LANDLORD SIGNATURE

DATE

STONEBRIDGE RUN APARTMENTS
1717 BATH ROAD A-12
BRISTOL, PA 19007
PHONE: 215-788-6030
FAX: 215-788-1882

Request for Employment Verification

NAME OF APPLICANT: _____

ADDRESS: _____

Social Security # _____

I hereby give my approval for Verification of my Employment and Salary Status:

Applicant Signature

Date

****Employer to fill out below the line****

Present Position _____

Date Hired _____

Current Pay Rate

Hourly \$ _____

Salaried \$ _____

Yearly\$ _____

Number of Hours Worked in the Week _____

Number of Overtime Hours in the Week (Only if Concurrent) _____

Person completing this form: Name _____

Title _____

Please complete this form and fax to 215-788-1882 or

Email to stonebridgerunleasing2@verizon.net.

Thank you for your cooperation.

Stonebridge Run Leasing Staff