

# REGENCY APARTMENTS

2049 Brown Ave B04 Bensalem, PA 19020  
Phone: 215-245-1180 Fax: 215-245-1180

## Application Requirements

1. Application Fee \$50.00(Non Refundable) Per Person 18 years and older (money order only payable to Regency Apartments.
2. Valid Driver's License or Acceptable Photo ID
3. Social Security Card
4. Current Pay stubs or Proof of income (Award letters or Paystubs)
5. A \$400.00 holding deposit to hold a specific unit and to process your application. The \$400.00 deposit is a holding deposit for your apartment and will be deducted from your move in monies. The \$400.00 deposit is refundable if your application is denied.

Upon approval of your application a \$55.00 Bensalem Township Inspection fee will be due, made payable to Bensalem Township, Money order only.

We look forward to having you as a resident here at Regency 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. EMPLOYMENT:

### APPLICANT "A":

Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date Started: \_\_\_\_\_ Income: \_\_\_\_\_ WK/MO/YR

Additional Income (List sources & Amounts): \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Income: \_\_\_\_\_ WK/MO/YR

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

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### APPLICANT "B":

Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date Started: \_\_\_\_\_ Income: \_\_\_\_\_ WK/MO/YR

Additional Income (List sources & Amounts): \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Income: \_\_\_\_\_ WK/MO/YR

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

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## 4. CREDIT INFORMATION:

APPLICANT "A"

APPLICANT "B"

Checking Account:

Bank:

Savings Account:

Bank:

Credit Union:

Major Credit Cards:

Consumer Loans:

Cars: Make/Year:

Tag Number:

Driver's License:

Monthly Payment:

Make Payments to:

	APPLICANT "A"	APPLICANT "B"
Checking Account:	_____	_____
Bank:	_____	_____
Savings Account:	_____	_____
Bank:	_____	_____
Credit Union:	_____	_____
Major Credit Cards:	_____	_____
Consumer Loans:	_____	_____
Cars: Make/Year:	_____	_____
Tag Number:	_____	_____
Driver's License:	_____	_____
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 eviction action? \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

Are you a co-maker or endorser on a note? \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT "A"**

Nearest Relative Not Living with Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Referred to Regency Apartments by: \_\_\_\_\_

**APPLICANT "B"**

Nearest Relative Not Living with Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Referred to Regency Apartments by: \_\_\_\_\_

I hereby acknowledge payment in the amount of \$ \_\_\_\_\_ as a deposit for Apartment # \_\_\_\_\_ at 2049 Brown Ave, Bensalem, Pa 19020. It is understood and agreed that should I withdraw this application after the third business day on \_\_\_\_\_, I will forfeit this deposit and Regency Apartments/ Bucks Regency 2015 LP, may keep said deposit for costs and damages incurred. It is also understood that by the end of the third business day if Regency Apartments does not receive a completed application and all appropriate paperwork from all applicants Regency 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 \$ \_\_\_\_\_ 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.

REGENCY APARTMENTS  
2049 BROWN AVE B4  
BENSALEM, PA 19020  
PHONE: 215-245-1180  
FAX: 215-245-1689

**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 \_\_\_\_\_

Please complete this form and fax back to the number above.

**Employer's Verification**

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 \_\_\_\_\_

Thank you for your cooperation.

Regency Apartments Leasing Staff

REGENCY APARTMENTS  
2049 BROWN AVE B4  
BENSALEM, PA 19020  
PHONE: 215-245-1180  
FAX: 215-245-1689

**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

Please complete this form and fax back to the number above.

**Employer's Verification**

Present Position \_\_\_\_\_

Date Hired \_\_\_\_\_

Current Pay Rate

Hourly \$ \_\_\_\_\_

Salaries \$ \_\_\_\_\_

Yearly \$ \_\_\_\_\_

Number of Hours Worked in the Week \_\_\_\_\_

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

Person completing this form: Name \_\_\_\_\_

Title \_\_\_\_\_

Thank you for your cooperation.

Regency Apartments Leasing Staff

REGENCY APARTMENTS  
2049 BROWN AVE B4  
BENSALEM, PA 19020  
PHONE: 215-245-1180  
FAX: 215-245-1689

Landlord Verification

I hereby give my approval for a Rental Verification:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Dear Landlord/Property Manager:

Regency has an application for residency from the applicant mentioned below. Please complete the following information, and return it to us promptly. The information given will be strictly for the use of our company. Thank you for you anticipated cooperation with this matter.

NAME OF APPLICANT(S):  
\_\_\_\_\_

CURRENT ADDRESS:  
\_\_\_\_\_

MONTHLY RENTAL \$ \_\_\_\_\_ RENT PAID ON TIME? \_\_\_\_\_

HOW MANY TIMES WAS RENT LATE? \_\_\_\_\_ HOW MANY NSF CHECKS? \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_\_\_ PROPER NOTICE GIVEN? \_\_\_\_\_

WOULD YOU RE-RENT? \_\_\_\_\_

HAS RESIDENT EVER VIOLATED THE LEASE? \_\_\_\_\_ EXPLANATION:  
\_\_\_\_\_  
\_\_\_\_\_

Has the tenant ever had a bed bug infestation or any other pest infestation? \_\_\_\_\_

If Yes, how long ago? \_\_\_\_\_ Have they been treated? \_\_\_\_\_

IS THERE A CURRENT BALANCE ON THEIR RENTAL ACCOUNT? \_\_\_\_\_

WAS COURT ACTION EVER TAKEN? \_\_\_\_\_

SECURITY DEPOSIT REFUNDED? Y or N \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

ADDITIONAL COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
RENTAL AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE