



RENTALS & PROPERTY MANAGEMENT
3810 Trindle Rd. 1st fl.
CAMP HILL, PA. 17011
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www.carlealenkerrealty.com

CONSUMER NOTICE
THIS IS NOT A CONTRACT

Carlea M. Lenker, agent for Carlea M. Lenker Realty hereby states that with respect to this property, I am acting in the following capacity as agent of the owner/landlord pursuant to a property management or exclusive listing agreement.

I/we acknowledge that I/we have received this notice:

X
(Consumer/Tenant) (Date)

I certify that I have provided this notice:

CARLEA M. LENKER (PA RE License #SB065291)
Carlea M. Lenker

RENTAL APPLICATION

I/WE ARE APPLYING TO RENT BEGINNING ON

FULL NAME: FIRST NAME MIDDLE NAME LAST NAME

DATE OF BIRTH: SOCIAL SECURITY #:

NAME OF SPOUSE OR ROOMATE NAME (MUST COMPLETE A SEPARATE APPLICATION.)

TOTAL NUMBER OF OCCUPANTS ADULTS CHILDREN

SMOKER PETS (NUMBER & KIND)

CURRENT ADDRESS Street City State Zip Code

MONTH & YEAR MOVED IN REASON FOR LEAVING

OWNER PHONE # RENT\$

PREVIOUS ADDRESSES FOR THE PAST THREE YEARS ZIP CODE

EMPLOYMENT: EMPLOYED FULL-TIME EMPLOYED PART-TIME
RETIRED UNEMPLOYED STUDENT

EMPLOYER: _____

DATE EMPLOYED: _____ POSITION _____

ADDRESS: _____ PHONE # _____

SALARY (GROSS)\$ _____ PER _____

IF EMPLOYED BY ABOVE LESS THAN 6 MONTHS, GIVE NAME AND ADDRESS OF PREVIOUS EMPLOYER OR SCHOOL. IF SELF EMPLOYED, THE LAST 2 YEARS TAX RETURNS MUST BE ATTACHED TO APPLICATION.

NAME OF NEAREST RELATIVE OR PERSON TO CONTACT FOR EMERGENCY:

NAME: _____ PHONE: () _____

ADDRESS: _____ RELATIONSHIP _____

CREDIT REFERENCES: 1. _____ 2. _____
(NAMES OF CREDIT CARD CO.
OR BANK LOANS) 3. _____ 4. _____

.....

DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____

YOUR VEHICLE MAKE/MODEL _____ YEAR _____

LEGAL OWNER _____ REGISTERED OWNER _____

.....

HAVE YOU EVER; FILED FOR BANKRUPTCY? _____ IF YES, WHAT YEAR _____

EVICTED _____ IF YES, REASON _____

WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN

DUE? IF YES, PLEASE EXPLAIN _____

BEEN CONVICTED OF A FELONY _____ OR MISDEMEANOR _____

IF YES TO EITHER, PLEASE EXPLAIN _____

IF WE HAVE ANY QUESTIONS ABOUT THIS APPLICATION, PLEASE GIVE TELEPHONE NUMBERS WHERE YOU CAN BE LOCATED:

DAY PHONE #: _____ NIGHT PHONE#: _____

E-MAIL ADDRESS: _____

I DECLARE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY AND HEREBY AUTHORIZE VERIFICATION OF REFERENCES GIVEN. I AGREE THAT THE LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED INTO ON RELIANCE ON ANY MISSTATEMENT MADE ABOVE.

THE SECURITY DEPOSIT WILL BE DUE UPON ACCEPTANCE OF THIS APPLICATION AND APPROVAL OF THE RENTAL UNIT BY THE TENANT, WITH THE UNDERSTANDING THAT CARLEA M. LENKER, REALTY WILL CHARGE A FORFEITURE IN THE EVENT OF CANCELLATION, IF CANCELLATION OCCURS AFTER THE DEPOSIT HAS BEEN PAID.

I HEREBY AUTHORIZE THE PERSON TO WHOM THIS APPLICATION IS MADE, OR ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OTHER THAN DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

FAX STATEMENT: THIS DOCUMENT MAY BE EXECUTED BY THE PARTIES AND DELIVERED BY WAY OF TRANSMISSION THROUGH A FACSIMILE (FAX) MACHINE AND SUCH COUNTERPARTES SHALL HAVE THE SAME LEGAL ENFORCEABILITY AND BINDING EFFECT AS THROUGH IT WERE SIGNED BY ALL PARTIES IN ORIGINAL FORM.

X _____ **DATE** _____