

CONSUMER NOTICE FOR TENANTS

THIS IS NOT A CONTRACT

(Not to be used when licensee is subagent for the landlord, agent for the tenant or transaction licensee)

_____ (Licensee) hereby states that with respect to this property (described property) _____, I am acting in the following capacity: (check one)

- _____ Owner/Landlord of the Property
- _____ A direct employee of the Owner/Landlord; OR
- _____ An agent of the Owner/Landlord pursuant to the property management or exclusive leasing agreement.

I acknowledge I have received this Notice: _____ (Consumer) _____ (Date)

_____ (Consumer) _____ (Date)

I certify that I have provided this notice: _____ (Licensee) _____ (Date)



paradigm
properties group, inc.

2029 Cato Avenue, State College PA 16801

APPLICATION TO LEASE APARTMENT / TOWNHOUSE

Community: _____
 Date of Application: _____
 Desired Move-in Date: _____
 Apt. # / Type: _____
 Quoted Rent: _____
 Special(s) Offered: _____
 Lease Term: _____
 Referred By: _____

- The below named person(s) do hereby lease an apartment/townhouse at _____ for a term of one (1) year, commencing on (approximately) _____ 20_____. lease start date _____ 20_____. The monthly payment including all fees shall be \$ _____.
- Applicant warrants that the facts and representations herein are true and correct, that only the person(s) listed herein will reside in the said apartment, and Applicant agrees that any misstatement of fact or breach of this warranty shall constitute sufficient cause for Owner to cancel and lease for, or secure immediate possession of, any apartment leased pursuant hereto.

Please print plainly and fill in ALL blank spaces completely. All information is confidential.

Applicant: _____
 Date of Birth: _____ Soc Sec #: _____
 Driver's License #: _____
 Current Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____
 Phone: _____ Time at Present Address: _____
 Amount of Rent \$: _____ Reason for Moving: _____
 Landlord or Mortgage Holder: _____
 Previous Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

PRESENT STATUS: Employed full-Time Part-Time Unemployed
 EMPLOYED BY: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Title: _____ Supervisor: _____
 How Long? _____ Gross Income \$: _____ per _____
 PREVIOUS EMPLOYER (if less than one (1) year at present):
 Address: _____
 City: _____ State: _____ Zip: _____
 City: _____ State: _____ Zip: _____
 Title: _____ Supervisor: _____
 How Long? _____ Gross Income \$: _____ per _____
 Reason for leaving: _____

Applicant: _____
 Date of Birth: _____ Soc Sec #: _____
 Driver's License #: _____
 Current Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____
 Phone: _____ Time at Present Address: _____
 Amount of Rent \$: _____ Reason for Moving: _____
 Landlord or Mortgage Holder: _____
 Previous Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

PRESENT STATUS: Employed full-Time Part-Time Unemployed
 EMPLOYED BY: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Title: _____ Supervisor: _____
 How Long? _____ Gross Income \$: _____ per _____
 PREVIOUS EMPLOYER (if less than one (1) year at present):
 Address: _____
 City: _____ State: _____ Zip: _____
 City: _____ State: _____ Zip: _____
 Title: _____ Supervisor: _____
 How Long? _____ Gross Income \$: _____ per _____
 Reason for leaving: _____

Total Number of Occupants: _____

OTHER RESIDENT'S NAMES	BIRTH DATE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets: No Yes Describe _____

Do you or any occupants smoke? Yes No

Emergency Contact 1 (Relationship)	Address	Phone
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Emergency Contact 2 (different from above) (Relationship)	Address	Phone
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Vehicle Year	Make	Model	Color	Plate #
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Vehicle Year	Make	Model	Color	Plate #
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Are you, your co-applicant or occupant a current illegal use or a controlled substance? No _____ Yes _____

If yes, please explain: _____

Have you, your co-applicant or occupant ever been evicted form tenancy? No _____ Yes _____

If yes, please explain: _____

Have you, your co-applicant or occupant ever been convicted for any other felony offense or misdemeanor? No _____ Yes _____

If yes, please explain: _____

Have you, your co-applicant or occupant ever been sued for nonpayment of rent or sued for damages to a rental property? No _____ Yes _____

If yes, please explain: _____

NON-REFUNDABLE CREDIT CHECK AND PROCESSING CHARGE

Applicant(s) hereby submits payment in the amount of \$ _____ for a credit/criminal background check and processing charge. Regardless of whether the application is approved or not approved, said payment will be retained by Owner to cover cost of processing this application. Any false information will constitute grounds for rejection of application.

QUALIFICATIONS

In order to qualify as a resident, each applicant must meet our qualifications in the area of favorable landlord references, current employment, good credit standing, and minimum income requirements. Management or his agent is hereby expressly authorized to verify the accuracy and correctness of the statements contained herein, to communicate with applicant's employers and creditors, and to procure such other information which management or agent may require in order to evaluate this application. Please ask our representative if you have questions regarding our qualifications. NOTE: Application must be signed before it can be processed by management.

GOOD FAITH DEPOSIT

A good faith deposit in the amount of \$ _____ is submitted with this application. if application is approved, this good faith deposit will be applied toward payment of the applicant's security deposit of \$ _____ which is due prior to taking possession of the apartment and applicant agrees to execute Owner's Lease Agreement on or before the occupancy date set out in this application. If for any reason management rejects this application, the good faith deposit submitted by applicant will be refunded in full to applicant.

CANCELLATION

Applicant may cancel this application by written notice within _____ hours and receive a full refund of the security deposit. If applicant cancels this application after _____ or fails to execute the Lease Agreement, or refuses to occupy the premises on the agreed upon date, the security deposit will be forfeited by the applicant and retained by Owner.

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

REFERENCE VERIFICATION: (FOR OFFICE USE ONLY)				
Reference	Applicant	Co-Applicant	By	Date
<input type="checkbox"/> Present Landlord				
<input type="checkbox"/> Previous Landlord				
<input type="checkbox"/> Employer				
STATUS OF APPLICATION:				
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved with conditions Manager _____ Date _____				
If not approved, indicate reason(s) _____				
Applicant notified by _____				

PAYMENTS BEFORE MOVE-IN

Application Processing Fee _____

Good Faith Deposit _____

Pro-Rated Rent _____

First Month's Rent _____

Last Month's Rent _____

Pet Deposit _____