

# Rental Application MD SprenkleRentals/CC Hudson Towne Homes,LLC

Must Be Filled Out COMPLETELY. PLEASE PRINT PLAINLY

Apartment or House Applying for:\_\_\_\_\_

Applicant's Name\_\_\_\_\_ Phone #\_\_\_\_\_ Date of Birth\_\_\_\_\_

Co-Applicant's Name\_\_\_\_\_ Phone #\_\_\_\_\_ Date of Birth\_\_\_\_\_

## **ALL OTHER PEOPLE WHO WILL LIVE IN UNIT**

Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

## **RESIDENCE (Please list 2 years MINIMUM)**

Present Address City State Zip Owner/Manager's Name & Phone

Date moved in:\_\_\_\_\_ Rent Paid\_\_\_\_\_ Reason for leaving\_\_\_\_\_

Previous Address City State Zip Owner/Manager's Name & Phone

Date moved in:\_\_\_\_\_ Rent Paid\_\_\_\_\_ Reason for leaving\_\_\_\_\_

Previous Address City State Zip Owner/Manager's Name & Phone

Date moved in:\_\_\_\_\_ Rent Paid\_\_\_\_\_ Reason for leaving\_\_\_\_\_

## **EMPLOYMENT/INCOME SOURCES**

Applicant's Employer Supervisor Employer's Address

Employer's Phone Shift Income (weekly take home) Date Hired

Co-Applicant's Employer Supervisor Employer's Address

Employer's Phone Shift Income (weekly take home) Date Hired

## **OTHER INCOME SOURCES:**

Applicant: SSD/ SSI \$\_\_\_\_\_/mo Child Support\$\_\_\_\_\_/mo Food Stamps\$\_\_\_\_\_/mo Other\_\_\_\_\_

Co-Applicant: SSD/ SSI \$\_\_\_\_\_/mo Child Support\$\_\_\_\_\_/mo Food Stamps\$\_\_\_\_\_/mo Other\_\_\_\_\_



**MONTHLY EXPENSES:** Please list recurring bills that you are required to pay other than rent and utilities.

Auto Loan \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Student Loans\$ \_\_\_\_\_ Cell Phone \$ \_\_\_\_\_

Other Loans and Expenses (please list) \_\_\_\_\_

**AUTOMOBILE INFORMATION**

Number of Automobiles \_\_\_\_\_

Driver #1 License # and State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Plate Number \_\_\_\_\_ State \_\_\_\_\_

Driver #2 License # and State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_ Plate Number \_\_\_\_\_ State \_\_\_\_\_

**REFERENCES**

**ADDRESS**

**PHONE**

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

**ADDITIONAL INFORMATION**

Do You Have Any Pets? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Are you current with your rent? \_\_\_\_\_ Have you ever broken your lease or ever been evicted? \_\_\_\_\_

If yes, Explain \_\_\_\_\_

Have you ever moved owing rent? \_\_\_\_\_ If yes, name of landlord and date \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Have you ever been convicted/plead guilty of any crime?(if yes. list) \_\_\_\_\_

When do you wish to move in? \_\_\_\_\_ Do you have the security deposit and first month's rent? \_\_\_\_\_

**IF APPROVED, THE BALANCE OF THE DEPOSIT EQUAL TO AT LEAST ONE MONTH'S RENT WILL BE PAID TO LANDLORD WITHIN 2 BUSINESS DAYS OF ACCEPTANCE. FAILURE TO DO SO WILL RESULT IN THE LOSS OF THE UNIT AND ANY DEPOSIT MONEY.**

Applicant(s) hereby agrees and acknowledges that Landlord may obtain and review credit report of the Applicant(s), for the purpose of screening the Applicant(s). Applicant(s) swear that all statements on this application are true and correct. If any statement made above is found to be false or untrue, any monies paid on account will be kept to offset the Landlord's cost, time, and effort in processing my application. Applicant(s) hereby authorizes all previous Landlords and/or Property Managers to release any necessary information requested by Landlord regarding the Applicant(s).

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**For your convenience you may return the application in any of these ways:**  
**Hand deliver to drop box located inside front door at 1035 E Market St York**  
**Fax to 717-324-2400 Email to: Showings@3242400.com**  
**U.S. Postal Service to PO Box 20153 York PA 17402**