

**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 (describe 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 a 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)



DANA-GLASS
PROPERTIES, INC.

P.O. Box 1998, Lancaster, PA 17608-1998

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 apply to 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 any 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: _____
 Home 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: _____
 Title: _____ Supervisor: _____
 How long? _____ Gross Income \$ _____ per _____
 Reason for leaving: _____

Applicant: _____
 Date of Birth: _____ Soc Sec #: _____
 Driver's License #: _____
 Current Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Time at Present Address: _____
 Amount of Rent \$: _____ Reason for Moving: _____
 Landlord or Mortgage Holder: _____
 Previous Address: _____ Phone: _____
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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: _____
 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? No Yes

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 user of a controlled substance? no _____ yes _____

If yes, please explain: _____

Have you, your co-applicant or occupant ever been evicted from 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 a non-refundable 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 the 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 areas 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 any 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 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 good faith 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 good faith 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:

Approved Not Approved Approved with conditions Manager _____ Date _____

If not approved, indicate reason(s) _____

Applicant notified by _____

PAYMENTS BEFORE MOVE-IN

Application Processing Fee _____

Good Faith Deposit _____

Balance of Security Deposit _____

Pro-Rated Rent _____

First Month's Rent _____

Last Month's Rent _____

Pet Deposit _____