

The Meadows at Lehigh
Phone: (610) 691-2885
Fax: (610) 691-4192

This must be filled out completely for occupancy

Today: _____ Desired Date of Occupancy: _____
Applicant #1: _____ Social Security: _____ Date of Birth: _____
I-9 Work Visa: _____
Applicant #2: _____ Social Security: _____ Date of Birth: _____
I-9 Work Visa: _____

List Names, Social Security Numbers, and Date Of Birth for all people who will occupy apartment:

Name	Relationship	Social Security #	Date of Birth

Are all applicants and/or occupants citizens or legal residents of the United States? Yes No

(Note: No Monthly Fees for Service Animals)
Will a pet of any type live in the apartment? Yes No If Yes, please describe below:

Type: _____ Name: _____ Weight: _____ Height: _____ Spayed/Neutered: _____
License/Date: _____

Type: _____ Name: _____ Weight: _____ Height: _____ Spayed/Neutered: _____
License/Date: _____

Do you have a water bed? Yes No Do you have renter's insurance? Yes No

Residential History

Please provide the following information

1. Current Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Rent Amount: _____ Date Rented: From _____ To _____

Alternative Address: (such as PO Box #, etc) **If none, write "Same as Above"**

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

2. Previous Landlord/Community Name: _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Rent Amount: _____ Date Rented: From _____ To _____

Person to notify in Case of an Emergency

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Have you and/ or any occupants ever been evicted? Yes No

Have you and/ or any occupants ever declared bankruptcy? Yes No

Do you and/ or any occupants use illegal drugs? Yes No

Have you or any member or your family been convicted of a crime or are currently engaged in any criminal activity? Yes No

If you answer as YES, explain below:

Employment Information

Applicant 1

Current Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Previous Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Applicant 2

Current Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Previous Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Other sources of income: _____ Amount: _____

Applicant #1 Bank: _____ Branch: _____

Checking Account: Yes No Savings Account: Yes No

Applicant #2 Bank: _____ Branch: _____

Checking Account: Yes No Savings Account: Yes No

Applicant #1 Driver's License Number: _____ State: _____ Expiration: _____

Applicant #2 Driver's License Number: _____ State: _____ Expiration: _____

Vehicle you would like to park on the property:

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate #: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate #: _____ State: _____

The Meadows at Lehigh, as owner reserves the right to reject this application and to refuse possession of the above mentioned acomodations. I/we have read the foregoing and certify that the information herein submitted by me/us is true and correct, that this application in my/our behalf, subject to the above, applicant(s) authorize The Meadows at Lehigh, or its agents to process this application and make the necessary searches and investigations. The application fee is non-refundable.

APPLICANTS ACKNOWLEDGE THAT WINDOW AIR CONDITIONING UNITS ARE NOT ALLOWED.

DOGS ARE PERMITTED WITH WEIGHT AND BREED RESTRICTIONS.

Applicant's Signature: _____ **Date:** _____

Applicant #2 Signature: _____ **Date:** _____

