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RENTAL APPLICATION

FIRST NAME		MIDDLE NAME		LAST NAME	
SSI #	DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #	TYPE OF ID		STATE OR GOVERNMENT THAT ISSUED THE ID	
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS	
PRESENT ADDRESS		COUNTY		WORK TELEPHONE #	
CITY	STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #	
PRESENT ADDRESS IS (Check one): <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER					
<i>IF RENTING OR OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY</i>					
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE		REASON FOR LEAVING	
PREVIOUS ADDRESS					
PREVIOUS ADDRESS IS (Check one): <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME <input type="checkbox"/> STUDENT HOUSING <input type="checkbox"/> OTHER					
<i>IF RENTING OR OWNED: PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY</i>					
CITY	STATE	ZIP	TELEPHONE		
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE		REASON FOR LEAVING	

EMPLOYMENT

EMPLOYER (COMPANY NAME)		HOW LONG?	MONTHLY GROSS INCOME	
ADDRESS		CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #	
OTHER SOURCE(S) OF VERIFIABLE INCOME	WHEN RECEIVED		AMOUNT	MONTHLY INCOME FROM OTHER SOURCES
FORMER EMPLOYER			HOW LONG?	
ADDRESS		CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #	

LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (IF 18 YEARS OR OLDER, MUST FILL OUT APPLICATION AS AN APPLICANT)

NAME - DATE OF BIRTH	NAME - DATE OF BIRTH	NAME - DATE OF BIRTH	NAME - DATE OF BIRTH

Do you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community?
 Yes No If so, identify the person and the type of special assistance required:

CRIMINAL BACKGROUND INFORMATION

Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant Yes <input type="checkbox"/> No <input type="checkbox"/> Occupants Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or do any of your occupants have charges pending against your or against them for any criminal offense(s)?	Applicant Yes <input type="checkbox"/> No <input type="checkbox"/> Occupants Yes <input type="checkbox"/> No <input type="checkbox"/>
Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant Yes <input type="checkbox"/> No <input type="checkbox"/> Occupants Yes <input type="checkbox"/> No <input type="checkbox"/>
If "YES" to any of the above questions, give details and dates.	

Person to notify in case of Emergency, Death or Incapacity (cannot be someone who intends to reside in the premises)

NAME	E-MAIL	HOME PHONE #	WORK PHONE #	MOBILE PHONE #
ADDRESS		CITY	STATE	ZIP

ASSISTED ANIMALS (Animals require our consent)

TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #
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HOW DID YOU HEAR ABOUT OUR COMMUNITY ?

Internet (which site)?	Resident (Name)?
Rental Publication (Which one)?	Rental Agency (Which one)?
Drive by	Other

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. By providing an email address you consent to receive property-wide email messages from us. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you.

I have read and agree to the provisions as stated. Applicant Signature: _____ Date: _____	Application Fee (applied to first month's rent at move-in, otherwise not refundable):	\$ _____
	Total Holding Deposit**	\$ _____
	Holding Deposit amount paid by this applicant:	\$ _____
	Address of Apartment/Premises being held: _____	

FOR OFFICIAL USE ONLY

Apartment Number _____ Apartment Size/Description _____ Anticipated Move-In Date _____ Lease Start Date _____ Lease End Date _____ Quoted Monthly Apartment Rent _____	Property Staff Initials _____
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** The initial holding fee only refundable within three (3) days and retained if applicant cancels after the three day period. This fee will be applied to the first month's rent if the applicant is accepted, and returned if the applicant is declined. If any part of your application remains incomplete after 7 days from the date that it was submitted, this may be deemed a voluntary cancellation of your application and your hold deposit **will not be refunded**. *Application and holding fee amounts are subject to change.*

