RENTAL APPLICATION

<u>Shenandoah</u>

Apartments

TENANT 1:		DOB:	SSN:	
TENANT 2:		DOB:	SSN:	
MINORS THAT WILL OCCUP	Y PREMISES:			
1:	AGE:	2:	AGE:	
3:	AGE:		AGE:	
CURRENT ADDRESS:				
			ZIP:	
PHONE 1:		PHONE 2:		
EMAIL 1:		EMAIL 2:		
	TENANT 1 EMPLOY	MENT INFORMA	TION	
EMPLOYER:	OYER: OCCUPATION:			
			PHONE:	
ADDRESS:				
			ANNUAL SALARY:	
PHONE:	REASON FO	REASON FOR LEAVING:		
	TENANT 2 EMPLOY	MENT INFORMA	TION	
EMPLOYER:		OCCUPATI	ION:	
HIRED DATE:	ANNUAL SA		PHONE:	
ADDRESS:				
			ANNUAL SALARY:	
PHONE:	REASON FO	R LEAVING:		
ADDITIONAL INCOME (SOUF	RCE AND AMOUNTS):			
HAVE YOU OR ANYONE INC	LUDED IN THIS APPLICAT			
FILED BANKRUPTCY (YEAR):				

Shenandoah Apartments Manager@Shenandoah-Apts.com | 717-791-0404 105 East Allen Street, Mechanicsburg, PA 17055

EMERGENCY CONTACT INFORMATION:

NAME:	RELATIONSHIP:	PHONE:		
ADDRESS:				
NAME:	RELATIONSHIP:	PHONE:		
ADDRESS:				
CHECK AND MAKE ANY II GIVING INFOMPLETE OR THIS APPLICATION IS LAT	NQUIRES YOU FEEL NECESSARY TO EVALUATE MY T FALSE INFORMATION IS GROUNDS FOR REJECTION TER FOUND TO BE FALSE, THIS IS GROUNDS FOR TE STAND THAT THERE IS A <u>NON-REFUNDABLE FEE</u> TO	E AND HEREBY AUTHORIZE YOU TO COMPLETE A CREDIT TENANCY AND CREDIT STANDING. I UNDERSTAND THAT OF THIS APPLICATION. IF ANY INFORMATION SUPPLIED ON RMINATION OF TENANCY. COVER THE COST OF PROCESSING MY APPLICATION AND I		
	REFUND EVEN IF I DO NOT GET THE APARTMENT.	DATE:		
SIGNATURE:SIGNATURE:SIGNATURE:		DATE:		
TO CONTACT:	ES AND ONE (1) NEAREST RELATIVE (RE	ELATIONSHIP) THAT WE HAVE PERMISSION		
TO CONTACT:				
1: NAME:	ADDRESS:			
PHONE:	RELATIONSHIP TO	RELATIONSHIP TO TENANT:		
2: NAME:	ADDRESS:			
		RELATIONSHIP TO TENANT:		
3: NAME:	ADDRESS:			
		RELATIONSHIP TO TENANT:		

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