

# SUMMIT APARTMENTS

## Rental Application

Summit Apartments, Inc.  
3000 Lillian Ave.  
Murrysville, PA 15668  
724-327-5500 Fax 724-733-7609  
Location \_\_\_\_\_ Unit # \_\_\_\_\_

Applicant Name \_\_\_\_\_ Current Employer \_\_\_\_\_  
 Current Address \_\_\_\_\_ Employer's Address \_\_\_\_\_  
 City/State \_\_\_\_\_ City/State \_\_\_\_\_  
 Zip \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Employer's Phone # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Current Position \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_ Date of Hire \_\_\_\_\_  
 Car Make/Model \_\_\_\_\_ Other Monthly Income \_\_\_\_\_ Source (Alimony, Assistance, Child Support) \_\_\_\_\_  
 Year \_\_\_\_\_ License Plate State and # \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_ Previous Employer \_\_\_\_\_  
 Landlord's Phone # \_\_\_\_\_ Employer's Address \_\_\_\_\_  
 How long have you lived at this address? \_\_\_yrs \_\_\_mos City/State \_\_\_\_\_  
 Monthly Rent \_\_\_\_\_ Why do you want to move? Zip \_\_\_\_\_

How many adults will occupy this rental? \_\_\_\_\_  
 How many children? \_\_\_\_\_  
 List Name and Relationship of Each Occupant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Does any occupant smoke? Yes No  
 Do you have any pets? Yes No  
 If yes, what type? \_\_\_\_\_  
 If you have ever been evicted or asked to leave a rental, please explain why

If you have ever filed for bankruptcy or been delinquent on a credit card, utility, or other bill, please explain why

### NOTICE TO RENTAL APPLICANTS

The rental applicants hereby authorize the landlord to investigate their suitability as tenants. Such investigation may include the questioning of current/former landlords, employers, neighbors, or other individuals able to assess the applicants' tenant-worthiness. The landlord is hereby given the right to examine the applicants' rental histories (including any current/prior eviction proceedings), credit histories, criminal background checks and any other information deemed necessary by the landlord. The applicants understand that any negative information found may result in the rejection of their rental application by the landlord. I certify that all information given herein is true and complete. I authorize the investigation of all statements contained in the application. I understand that any false, misleading or negative information may result in the rejection of my application and/or termination of my lease. The Applicant does hereby acknowledge that this Application is being executed and delivered by electronic means with the intention that execution and delivery by such means shall have the same effect as the execution and delivery of a manually signed, original copy of this Application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Co-applicants and co-signers should complete the application on the next page.*

**Co-Applicant/Co-signer Application**

Applicant Name \_\_\_\_\_ Current Employer \_\_\_\_\_  
Current Address \_\_\_\_\_ Employer's Address \_\_\_\_\_  
City/State \_\_\_\_\_ City/State \_\_\_\_\_  
Zip \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Employer's Phone # \_\_\_\_\_  
Phone # \_\_\_\_\_ Current Position \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Car Make/Model \_\_\_\_\_ Other Monthly Income \_\_\_\_\_ Source (Alimony,  
Year \_\_\_\_\_ License Plate State and # \_\_\_\_\_ Assistance, Child Support) \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Previous Employer \_\_\_\_\_  
Landlord's Phone # \_\_\_\_\_ Employer's Address \_\_\_\_\_  
How long have you lived at this address? \_\_\_yrs \_\_\_mos City/State \_\_\_\_\_  
Monthly Rent \_\_\_\_\_ Why do you want to move? Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Employer's Phone # \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Relationship \_\_\_\_\_ Position \_\_\_\_\_  
Phone # \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_

If you have ever been evicted or asked to leave a rental, please explain why  
\_\_\_\_\_

If you have ever filed for bankruptcy or been delinquent on a credit card, utility, or other bill, please explain why  
\_\_\_\_\_

**NOTICE TO RENTAL APPLICANTS/CO-SIGNERS**

The rental applicants hereby authorize the landlord to investigate their suitability as tenants. Such investigation may include the questioning of current/former landlords, employers, neighbors, or other individuals able to assess the applicants' tenant-worthiness. The landlord is hereby given the right to examine the applicants' rental histories (including any current/prior eviction proceedings), credit histories, criminal background checks and any other information deemed necessary by the landlord. The applicants understand that any negative information found may result in the rejection of their rental application by the landlord. I certify that all information given herein is true and complete. I authorize the investigation of all statements contained in the application. I understand that any false, misleading or negative information may result in the rejection of my application and/or termination of my lease. The Applicant does hereby acknowledge that this Application is being executed and delivered by electronic means with the intention that execution and delivery by such means shall have the same effect as the execution and delivery of a manually signed, original copy of this Application.

Co-applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-signer's Signature \_\_\_\_\_ Date \_\_\_\_\_