



Rental Application
BOVARD-ANDERSON COMPANY
Property Management

617 Third Street ~ Beaver, PA 15009
~ Phone: 724/774-5330 ~ Fax: 724/774-5325 ~

Consumer Notice for Tenants

Bovard-Anderson Company and its agents (Licensee) hereby state that with respect to the property (property address) _____, Bovard Anderson and its agents are acting in the following capacity: (check one)

- Owner/Landlord of the Property
- An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement

I acknowledge I have received this Notice _____
Print Name (Consumer) Signed (Customer) Date

I acknowledge I have received this Notice _____
Print Name (Consumer) Signed (Customer) Date

I certify that I have provided this Notice: _____
Bovard-Anderson (Licensee) Date

Property Information

Property Address: _____ Town: _____

Expected Move-in Date _____ Monthly Rent: _____

Credit Check Fee: \$25.00/person **NONREFUNDABLE/NONTRANSFERABLE.** Cash Check # _____

SECURITY DEPOSIT EQUAL TO 1-MONTHS RENT MUST BE PAID WITHIN 1-WEEK OF LEASE ACCEPTANCE OR AT LEASE SIGNING (WHICHEVER OCCURS FIRST).

Tenant Information (Complete for any occupant/resident over the age of 18)

First Applicant's Full Name: _____

Date of Birth: _____ Social Security #: _____ Driver's License No./ State: _____

Current Home Phone #: _____ Cell Phone#: _____ Work Phone # _____

Current Address: _____ City, State, Zip: _____

Rent From: _____ To: _____ Rent per month _____

Own From: _____ To: _____ Payment per month _____

Landlord/Mortgage Co. Name: _____ Phone: _____

Previous Address: _____ City, State, Zip: _____

Rent From: _____ To: _____ Rent per month _____

Own From: _____ To: _____ Payment per month: _____

Landlord/Mortgage Co. Name: _____ Phone: _____

Second Applicant's Full Name: _____

Date of Birth: _____ Social Security #: _____ Driver's License No./ State: _____

Current Home Phone #: _____ Cell Phone#: _____ Work Phone # _____

Current Address: _____ City, State, Zip: _____

Rent From: _____ To: _____ Rent per month _____

Own From: _____ To: _____ Payment per month _____

Landlord/Mortgage Co. Name: _____ Phone: _____

Previous Address: _____ City, State, Zip: _____

Rent From: _____ To: _____ Rent per month _____

Own From: _____ To: _____ Payment per month _____

Landlord/Mortgage Co. Name: _____ Phone: _____

Other Applicants and/or Occupants? Yes No: Use additional form if needed for other occupant/applicants over the age of 18.

Total Number of people living in the unit? _____

Do you have any pets? Yes No: If Yes, Please Describe: _____

MUST BE COMPLETED:

Applicant 1	Applicant 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever rented from Bovard-Anderson Company before? If so, when? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been evicted or sued for unpaid rent or damages to leased property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever refused to pay rent for any reason?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or misdemeanor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you at any time on or since 1/1/98 been obligated to pay support under an order on record in any Pa County? If yes list the county and the domestic relations file or docket number _____
		Amount _____ Are you delinquent? _____

If yes in any of the above please explain _____

Employment Information:

First Applicant's Employer: _____

Employer's Address: _____ Employer's Phone #: _____ Supervisor: _____

Position/Occupation: _____ Monthly Pay: _____ Length of Employment: _____

Second Applicant's Employer: _____

Employer's Address: _____ Employer's Phone #: _____ Supervisor: _____

Position/Occupation: _____ Monthly Pay: _____ Length of Employment: _____

List any additional sources of monthly income and the amounts? _____

Rent should not exceed 1/4 to 1/3 of the household's net monthly income.

NOTE: Tenant approval is subject to review of applicant(s) recent paystub(s)

Person to be notified in case of an emergency (Other than member of household)

Name: _____ Phone: _____

Relationship: _____ Address: _____

AUTHORIZATION TO OBTAIN RENTAL VERIFICATION:

Applicants acknowledge that the above information is true and correct and hereby authorize Bovard-Anderson Company to obtain a consumer report and to verify the information contained here and to report any information obtained to Landlord. Applicants' social security numbers are provided for that purpose. Applicants acknowledge that if they present false information Bovard-Anderson Co. may reject this application. Applicants understand that giving false or incomplete information may result in forfeiture of any payments made in connection with this rental application.

Date: _____ Applicant #1 Signature: _____

Date: _____ Applicant #2 Signature: _____

AN IMPORTANT REMINDER

The Pennsylvania Human Relations Act of October 27, 1955 makes it illegal: To refuse to sell, lease, finance or otherwise deny or withhold residential or commercial property located in the Commonwealth of Pennsylvania because of any person's **RACE, COLOR, SEX, RELIGIOUS CREED, ANCESTRY, NATIONAL ORIGIN, HANDICAP OR DISABILITY, AGE OR FAMILY STATUS.**



Bovard-Anderson is pledged to the letter and the spirit of U.S. policy for the achievement of equal housing opportunity.

FOR OFFICE USE ONLY: TO BE COMPLETED BY FORMER LANDLORD:

The above referenced individual(s) has applied for a rental through Bovard-Anderson Co. Please complete the information requested below at your earliest convenience. Thank you for your assistance.

I hereby authorize the release of the information requested below:

Dates of residency: From _____ to _____

Did the Resident pay rent on time? _____ Yes _____ No

Did the Resident submit any NSF checks? _____ Yes _____ No

If Yes, How many NSF checks were submitted? _____

Did the Resident give proper notice? _____ Yes _____ No

Did the Resident leave owing a balance? _____ Yes _____ No

Signature and Title of Person Verifying Information _____ Date _____

Please return by fax to (724) 774-5325.

For Office Use Only:	
<input type="checkbox"/> Accepted	Credit Score: _____
<input type="checkbox"/> Rejected	
Initial: _____	Date: _____