



# RENTAL APPLICATION

Foundation First Property Group • 52 1/2 Frederick Street • Hanover, Pa 17331  
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**Each occupant 18 years or older must submit a separate application.**

## PROPERTY ADDRESS

|                  |                  |                                      |
|------------------|------------------|--------------------------------------|
| Property Address |                  | Move-In Date <i>(Please Specify)</i> |
| Rent             | Security Deposit | Length of Occupancy                  |

## PERSONAL INFORMATION

|                     |                  |   |                            |
|---------------------|------------------|---|----------------------------|
| Name                |                  | S.S.#                                   |                            |
| Date of Birth       | Phone            | Driver's License <i>(Include State)</i> |                            |
| Email               |                  |   |                            |
| Current Address     |                  | City/State/Zip                          |                            |
| Current Rent        | Current Mortgage | Length of Time                          | Payments Current?          |
| Why are you moving? |                  | Landlord Name/Phone                     |                            |
| Previous Address    |                  | City/State/Zip                          |                            |
| Rent                | Mortgage         | Length of Time                          | Security Deposit Refunded? |
| Why did you Move?   |                  | Landlord Name/Phone                     |                            |

## OTHER OCCUPANTS

|      |              |            |     |
|------|--------------|------------|-----|
| Name | Relationship | Occupation | Age |
| Name | Relationship | Occupation | Age |
| Name | Relationship | Occupation | Age |
| Name | Relationship | Occupation | Age |

## EMPLOYMENT – 2 pay stubs required at this time

|                  |                   |
|------------------|-------------------|
| Current Employer | Title             |
| Length of Time   | Gross Monthly Pay |
| Supervisor Name  | Supervisor Phone  |

## OTHER INCOME – Please provide proof, if possible

|                 |                    |       |
|-----------------|--------------------|-------|
| Social Security | Child Support      |       |
| Disability      | Housing Assistance | Other |

| MONTHLY EXPENSES  |               |                     |                 |         |          |
|---|---------------|---------------------|-----------------|---------|----------|
| Car Payment   | Child Support | Credit Card Payment | School Loan     |         |          |
| EMERGENCY CONTACT – <i>Not living with you</i>  |               |                     |                 |         |          |
| Name  |               | Phone               |                 |         |          |
| PERSONAL / BUSINESS REFERENCE   |               |                     |                 |         |          |
| Personal Reference  |               | Relationship        |                 | Phone   |          |
| Business Reference  |               | Relationship        |                 | Phone   |          |
| PETS  |               |                     |                 |         |          |
| Name  | Breed         | Indoor              | Outdoor         | Spayed  | Neutered |
| Name  | Breed         | Indoor              | Outdoor         | Spayed  | Neutered |
| VEHICLE   |               |                     |                 |         |          |
| Make  | Model         | Color               |                 | Plate#  |          |
| Make  | Model         | Color               |                 | Plate#  |          |
| APPLICANT QUESTIONNAIRE   |               |                     |                 |         |          |
| Has applicant ever been evicted?  | Y             | N                   | If Yes, explain |         |          |
| Has applicant ever been asked to move by a landlord?  | Y             | N                   | If Yes, explain |         |          |
| Has applicant ever breached a lease of rental agreement?  | Y             | N                   | If Yes, explain |         |          |
| Has applicant ever filed for bankruptcy?  | Y             | N                   | If Yes, explain |         |          |
| Has applicant ever lost property to a foreclosure?  | Y             | N                   | If Yes, explain |         |          |
| Has applicant ever refused to pay rent when due?  | Y             | N                   | If Yes, explain |         |          |
| Has applicant ever been convicted of a felony?  | Y             | N                   | If Yes, explain |         |          |
| PLEASE ANSWER ALL QUESTIONS   |               |                     |                 |         |          |
| Do you smoke?   |               |                     |                 | YES     | NO       |
| Are you able to pay the total amount due prior to moving in? (Rent and Security Deposit)  |               |                     |                 | YES     | NO       |
| APPLICANT AUTHORIZATION - <i>\$30 application fee required at this time</i>   |               |                     |                 |         |          |
| Applicant agrees to a non-refundable application fee of \$30 per applicant upon review and approval of your application.  |               |                     |                 | Initial |          |
| Applicant authorizes present and past Landlords, employers, references, and any other person to release information regarding applicant's credit, rental, employment, driving and/or criminal history. A copy of this authorization may be accepted as an original. |               |                     |                 |         |          |
| Applicants Signature  |               |                     |                 | Date    |          |

# CONSUMER NOTICE FOR TENANTS

## THIS IS NOT A CONTRACT

1 (Licensee) Jeff Wright hereby states that with respect to this property (describe property)  
 2 \_\_\_\_\_, I am acting in  
 3 the following capacity: (check one)

- 4 ☐ (i) Owner/Landlord of the Property;  
 5 ☐ (ii) A direct employee of the Owner/Landlord; OR  
 6 ☐ (iii) An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement

8 I acknowledge I have received this Notice:

|         |                         |  |                         |
|---------|-------------------------|--|-------------------------|
| 9 Date: | <u>X</u>                |  | <u>X</u>                |
|         | Print (Consumer)        |  | Print (Consumer)        |
|         | <u>X</u>                |  | <u>X</u>                |
|         | Signed (Consumer)       |  | Signed (Consumer)       |
|         | _____                   |  | _____                   |
|         | Address (Optional)      |  | Address (Optional)      |
|         | _____                   |  | _____                   |
|         | Phone Number (Optional) |  | Phone Number (Optional) |

19 I certify that I have provided this Notice: \_\_\_\_\_  
 20 (Licensee) \_\_\_\_\_ Date \_\_\_\_\_