

CONSUMER NOTICE FOR TENANTS

THIS IS NOT A CONTRACT

Ann Miller hereby state that with respect to this property Grayco/River's Edge Apartments, I am acting in the following capacity:

Owner/Landlord or the Property

A direct employee of the Owner/landlord.

An agent of the owner/landlord pursuant to a property management or exclusive listing agreement

I acknowledge that I have received this notice

Consumer

Date

I certify that I have provided this notice

Licensee/Direct Employee

Date

Grayco Apartments and River's Edge Apartments

115 North Street Harrisburg, Pa. 17101

Rental APPLICATION

**\$35.00 P/P NON-REFUNDABLE APPLICATION FEE
PAYABLE AT TIME OF APPLICATION**

Telephone: 717-238-2800 Fax: 717-238-0963

Email: graycoapts@comcast.net



Apt. # _____
No. of Bedrooms _____

Date: _____
Monthly Rental: _____
Security Deposit: _____

NAME _____ PHONE: _____ DOB _____

Marital Status (circle one) Married Divorced Single Separated Widow(er)

SOCIAL SECURITY NUMBER _____

Please provide your prior address/landlords for the past 5 years.

1) Present address (please be sure to list number/street/city/state/zip)

Present Landlord or Mortgage Holder _____

Phone # _____ How Long: _____

Amount of Rent: _____ Reason for Moving: _____

2) Prior Address:

Prior Landlord or Mortgage Holder _____

Phone # _____ How Long: _____
Amount of Rent: _____ Reason for Moving: _____

3) Prior Address

Prior Landlord or Mortgage Holder _____
Phone # _____ How Long: _____
Amount of Rent: _____ Reason for Moving: _____

EMPLOYMENT INFORMATION Please provide employment information for the past 5 years

Employment Status (circle one) Full time Part time Unemployed Retired Student

1) CURRENTLY EMPLOYED BY _____
POSITION _____
ADDRESS _____ PHONE NUMBER _____
LENGTH OF EMPLOYMENT _____ MONTHLY INCOME _____
NAME OF SUPERVISOR _____ OTHER INCOME _____

Employment Status (circle one) Full time Part time Unemployed Retired Student

2) CURRENTLY EMPLOYED BY _____
POSITION _____
ADDRESS _____
LENGTH OF EMPLOYMENT _____ MONTHLY INCOME _____
NAME OF SUPERVISOR _____ OTHER INCOME _____

Employment Status (circle one) Full time Part time Unemployed Retired Student

3) CURRENTLY EMPLOYED BY _____
POSITION _____
ADDRESS _____
LENGTH OF EMPLOYMENT _____ MONTHLY INCOME _____
NAME OF SUPERVISOR _____ OTHER INCOME _____

BANKING AND CREDIT INFORMATION

BANK _____ BRANCH _____
BANK _____ BRANCH _____

ADDITIONAL APPLICANT

SPOUSE/ROOMMATE _____ DOB _____
SOCIAL SECURITY _____

Present address (please be sure to list number/street/city/state/zip)

Present Landlord or Mortgage Holder _____ PH# _____ How Long _____
Amount of Rent: _____ Reason for Moving: _____
EMPLOYED BY _____ POSITION _____
ADDRESS _____ PH # _____
LENGTH OF EMPLOYMENT _____ MONTHLY INCOME _____
NAME OF SUPERVISOR _____ OTHER INCOME _____

REFERENCES (NON-FAMILY MEMBERS)

NAME _____ PHONE # _____
ADDRESS _____

NAME _____ PHONE # _____
ADDRESS _____

AUTOMOBILE INFORMATION

MAKE _____ MODEL _____ COLOR _____ YEAR _____ PLATE _____
MAKE _____ MODEL _____ COLOR _____ YEAR _____ PLATE _____
DRIVER'S LICENSE # _____ CO-RESIDENTS LICENSE # _____

ADDITIONAL INFORMATION

NUMBER OF CHILDREN UNDER AGE OF 18 LIVING WITH YOU _____
NAMES AND AGES _____
EMERGENCY CONTACT _____ RELATIONSHIP _____
ADDRESS _____ PHONE # _____

REQUESTED MOVE IN DATE _____

Note: All leases will begin on the first (1st) day of the month and if a portion of the month is requested, it will be prorated to the days utilized. Rental payments will be due on the first (1st) day of each month regardless of move-in date. The above information is furnished management as an inducement to negotiate with the applicant, who hereby agrees that if any information contained herein is false or willfully omitted, the lease may be cancelled at the option of the owner/agent and any expense, inconvenience or damages caused by such cancellation are applicant's sole responsibility. By signing below, applicant (s) hereby gives permission for Grayco Apartments and River's Edge Apartments and of any of their affiliated companies to run a credit, criminal and national sex offender reports.

APPLICANT'S SIGNATURE _____

CO-RESIDENT'S SIGNATURE _____

Utilities Changed into Tenant's Name on: Date _____ Initials _____

For Office Use Only (revision effective 06/03/09)

Email address: _____