

Bucks Landing
Phone: (215) 443-9500
Fax: (215) 956-0493

This must be filled out completely for occupancy

Today: _____ Desired Date of Occupancy: _____
Applicant #1: _____ Social Security: _____ Date of Birth: _____
I-9 Work Visa: _____
Applicant #2: _____ Social Security: _____ Date of Birth: _____
I-9 Work Visa: _____

List Names, Social Security Numbers, and Date Of Birth for all people who will occupy apartment:

Name	Relationship	Social Security #	Date of Birth

Are all applicants and/or occupants citizens or legal residents of the United States? Yes No

(Note: No Monthly Fees for Service Animals)
Will a pet of any type live in the apartment? Yes No If Yes, please describe below:
Type: _____ Name: _____ Weight: _____ Height: _____ Spayed/Neutered: _____
License/Date: _____
Type: _____ Name: _____ Weight: _____ Height: _____ Spayed/Neutered: _____
License/Date: _____

Do you have a water bed? Yes No Do you have renter's insurance? Yes No

Residential History

Please provide the following information

1. Current Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Rent Amount: _____ Date Rented: From _____ To _____

Alternative Address: (such as PO Box #, etc) **If none, write "Same as Above"**

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

2. Previous Landlord/Community Name: _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Rent Amount: _____ Date Rented: From _____ To _____

Person to notify in Case of an Emergency

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Have you and/ or any occupants ever been evicted? Yes No

Have you and/ or any occupants ever declared bankruptcy? Yes No

Do you and/ or any occupants use illegal drugs? Yes No

Have you or any member or your family been convicted of a crime or are currently engaged in any criminal activity? Yes No

If you answer as YES, explain below:

Employment Information

Applicant 1

Current Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Previous Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Applicant 2

Current Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Previous Employer: _____ Address: _____

Position: _____ How Long: _____ Gross Income: _____

Supervisor: _____ Phone Number: _____

For Office Use Only Verified By: _____ Who Verified By: _____ Date: _____

Other sources of income: _____ Amount: _____

Applicant #1 Bank: _____ Branch: _____

Checking Account: Yes No Savings Account: Yes No

Applicant #2 Bank: _____ Branch: _____

Checking Account: Yes No Savings Account: Yes No

Applicant #1 Driver's License Number: _____ State: _____ Expiration: _____

Applicant #2 Driver's License Number: _____ State: _____ Expiration: _____

Vehicle you would like to park on the property:

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate #: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Lic. Plate #: _____ State: _____

Bucks Landing, as owner reserves the right to reject this application and to refuse possession of the above mentioned accommodations. I/we have read the foregoing and certify that the information herein submitted by me/us is true and correct, that this application in my/our behalf, subject to the above, applicant(s) authorize Bucks Landing, or its agents to process this application and make the necessary searches and investigations. The application fee is non-refundable.

APPLICANTS ACKNOWLEDGE THAT WINDOW AIR CONDITIONING UNITS ARE NOT ALLOWED.

Applicant's Signature: _____ **Date:** _____

Applicant #2 Signature: _____ **Date:** _____

