



STORAGE RENTAL APPLICATION

Foundation First Property Group • 52 1/2 Frederick Street • Hanover, Pa 17331
717-797-4289 • office@foundationfirstpg.com

STORAGE ADDRESS

Storage Unit 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	Landlord Name/Phone

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

EMERGENCY CONTACT – Not living with you

Name	Phone
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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

Are you able to pay the total amount due prior to moving in? (Rent and Security Deposit)

YES

NO

APPLICANT AUTHORIZATION - \$40 non-refundable application fee required at this time

Applicant agrees to a non-refundable application fee of \$40.

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

CNT

**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>
10	Print (Consumer)	Print (Consumer)
11	<u>X</u>	<u>X</u>
12	Signed (Consumer)	Signed (Consumer)
13	_____	_____
14	Address (Optional)	Address (Optional)
15	_____	_____
16	Phone Number (Optional)	Phone Number (Optional)

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