

THE KAMSON CORPORATION

COMMUNITIES FOR BETTER LIVING

Hamilton Gardens/Linden Gardens

2016F West Linden Street, Allentown, Pennsylvania 18104

Phone Number: (610) 432-1096

Fax: (610) 432-8801

Application For Lease

Must be completed in its entirety to be processed.

All verification services to be provided to HAMILTON GARDENS/LINDEN GARDENS under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

The undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment _____ for the term of _____ commencing on (approximately) _____ at a monthly rate of \$ _____ payable monthly in advance on the first day of each month.

Once the rental application has been approved and the applicant accepts an apartment, the applicant must submit a reservation fee in the amount of \$300.00 along with the Certificate of Occupancy Fee, where applicable to reserve an apartment. All monies are to be paid in the form of a money order or certified check only, other than money paid for the rental application. **Applicant agrees that if applicant fails to take possession of the premises, Landlord may retain as liquidated damages, the reservation fee and any other monies paid by applicant. Upon signing the lease, the first month's rent and/or pro-rated rent, security deposit and any other fees, must be paid in full before any apartment keys will be given out.**

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the reservation fee made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. **The \$35.00 fee per applicant for investigation of the undersigned's application is under no circumstances refundable.**

APPLICANT NAME _____ **Date of birth** _____ **SS#** _____
First Middle Last

CO-APPLICANT NAME _____ **Date of birth** _____ **SS#** _____
First Middle Last

App. Drivers Lic. No. _____ State _____ Co-App. Drivers Lic No. _____ State _____

Other Occupants: _____
Name SS# Age Relationship

_____ Name SS# Age Relationship

APPLICANT Home Phone# _____ Cell Phone# _____

Present Address _____
Street Apt# City State Zip

From: _____

Dates: To: _____
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment _____ Reason for moving _____

Have you ever been evicted from any leased premises? _____ If yes, explain _____

APPLICANT

Previous Address _____
Street Apt.# City State Zip

Previous Apt. Name or Landlord _____
Address Phone How long?

Monthly Payment _____ Reason for moving _____

APPLICANT EMPLOYER _____ Phone _____ Position _____

Business Address _____
Street City State Zip

Supervisor _____ Employed since _____ Gross weekly salary _____

Previous Employer _____ Phone _____ Position _____

Business address _____

Supervisor _____ Employed since _____ Gross weekly salary _____

Additional monthly income (if any) _____ Source _____

CO-APPLICANT Home Phone# _____ Cell Phone# _____

Present Address _____
Street Apt.# City State Zip

From: _____

Dates: To: _____
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment _____ Reason for moving _____

Have you ever been evicted from any leased premises? _____ If yes, explain _____

CO-APPLICANT

Previous Address _____
Street Apt.# City State Zip

Previous Apt. Name or Landlord _____
Address Phone How long?

Monthly Payment _____ Reason for moving _____

CO-APPLICANT EMPLOYER _____ Phone _____ Position _____

Business Address _____
Street City State Zip

Supervisor _____ Employed since _____ Gross weekly salary _____

Previous Employer _____ Phone _____ Position _____

Supervisor _____ Employed since _____ Gross weekly salary _____

Business address _____

Additional monthly income (if any) _____ Source _____

BANKING INFORMATION

APPLICANT

Bank Name and Branch _____ Checking
Bank Name and Branch _____ Savings

CO-APPLICANT

Bank Name and Branch _____ Checking
Bank Name and Branch _____ Savings

CREDIT INFORMATION

APPLICANT

Name _____ Type _____ Acct. No. _____ Mo. Payment _____ Open Closed
Name _____ Type _____ Acct. No. _____ Mo. Payment _____ Open Closed
Name _____ Type _____ Acct. No. _____ Mo. Payment _____ Open Closed

CREDIT INFORMATION

CO-APPLICANT

Name _____ Type _____ Acct. No. _____ Mo. Payment _____ Open Closed
Name _____ Type _____ Acct. No. _____ Mo. Payment _____ Open Closed
Name _____ Type _____ Acct. No. _____ Mo. Payment _____ Open Closed

VEHICLE INFORMATION

Year & Make _____ Color _____ Tag No. _____ State _____ Registered to _____
Year & Make _____ Color _____ Tag No. _____ State _____ Registered to _____

OFFICIAL USE: LEASE INFORMATION

Beginning Date _____ Ending Date _____ Move in date _____
Size of Apt: _____ Monthly Rental _____ Yearly Rental _____
Pro rate _____ Reservation fee\$ _____
BALANCE DUE UPON EXECUTION OF LEASE BY CERTIFIED CHECK OR MONEY ORDER\$ _____ SECURITY DEPOSIT\$ _____

I or we authorize Hamilton Gardens/Linden Gardens to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Re-verification of preliminary findings is not required.

APPLICANTS SIGNATURE _____ Date _____
APPLICANTS SIGNATURE _____ Date _____
APPLICATION TAKEN BY _____ Date _____

APPLICATION DATE _____ UNIT TYPE _____ MONTHLY RENT\$ _____ MOVE IN DATE _____ AFTER 2PM _____
PET YES NO TYPE? _____
KIND _____ WEIGHT _____ NAME _____