

PARKWAY PLAZA APARTMENTS

1000 Plaza Drive
State College, PA 16803
(814)-238-3432 Fax (814)-238-7487

APPLICATION FOR RENTAL

Application Fee \$30 (Nonrefundable) per applicant. **Fee must be paid at the time of application submission**

Name: _____ SSN: _____ Email Address: _____
(Please Print) (Please Print)

Unit Type Applied for: _____

Furnished/Unfurnished: _____

Is Parking Required ? \$35.00 MO Per Space _____ # of spaces needed _____

Other _____

Driver's License Number _____ State _____

If student, what year currently (fresh.,soph., jr., sr., graduate): _____

STUDENT ID # ASSIGNED BY EDUCATIONAL INSTITUTION _____

Other persons to occupy the apartment regularly (roommates): ** Use back of form if more space is needed

Name:	Relationship:
_____	_____
_____	_____
_____	_____

Present Address: _____ City: _____ State: _____ Zip: _____

No. of yrs: _____ Phone: (____) _____ Rent per month: _____ Utilities Incl: _____

Landlord: _____ Phone: (____) _____ Lease Dates: _____

Landlord's Address: _____ City: _____ State: _____ Zip: _____

Permenant Address: _____ City: _____ State: _____ Zip: _____

No. of yrs: _____ Phone: (____) _____ Rent per month: _____ Utilities Incl: _____

Prior Landlord: _____ Phone: (____) _____ Lease Dates: _____

Prior Landlord's Address: _____ City: _____ State: _____ Zip: _____

Present Employer: _____ Phone: (____) _____

Present Business Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Number of Years: _____ Present Income: _____

Other Income: _____

Father's Name: _____ Phone: (____) _____ SSN: _____

Mother's Name: _____ Phone: (____) _____ SSN: _____

Parent's Address: _____ City: _____ State: _____ Zip: _____

Father's Employer: _____ Phone: (____) _____

Mother's Employer: _____ Phone: (____) _____

I hereby grant permission for release of information from credit agencies, banks, and present and prior landlords which is necessary to process the lease.

Date: _____ **Signature:** _____ **Guarantor Signature:** _____

***Where did you hear about Parkway Plaza Apartments? Newspaper _____ Radio _____ Friends _____ Other _____

Office Use Only:

Credit Check: _____ Date Completed: _____ Approved: Yes No

App Fee / Activity Fee: Date Paid: _____ Check # _____ Amount Paid: _____

Security Deposit: Date Paid: _____ Check # _____ Amount Paid: _____

Lease Dates: _____ to _____ Rent Amount: _____

Rental Location: _____ Furnished/Unfurnished: _____

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CONDITONS OF APPLICATIONS AND AGREEMENT TO LEASE

Rental Location: _____

Please note that you must pay a deposit to reserve a unit in your name. If you are wanting to place a reservation, please be prepared to remit a deposit equal to one-month's rent and complete the page below. You are not required to submit a deposit at this time to process your application, but you will not have a reservation until such time as a deposit has been made. This application deposit will be applied toward your security deposit amount once your lease begins.

I agree to submit an application deposit equal to one month's rent in consideration for Parkway Plaza taking an available unit off the market to reserve in my name. This application deposit will be due and payable at the signing of this agreement. I understand that this application deposit will be credited toward the required security deposit on my unit at the time of my move-in. These monies will then be held in escrow as a security deposit until such time as the lease is terminated and apartment is vacated. At no time may this application deposit or any security deposits paid by me be considered part of my rent.

I understand in signing this agreement that Parkway Plaza has placed a reservation on a unit for me and I agree to execute a lease agreement for that unit as soon as one has been presented to me. If I fail to execute the lease or otherwise cancel my reservation after signing this agreement and submitting my application deposit, I understand that I will forfeit the application deposit and any other monies paid to Parkway Plaza for application or activity fees if applicapable. Once the lease has been executed by me, I agree that the lease shall be legally binding upon me for the full term indicated on the lease. If I cancel my reservation once the lease has been executed, I understand that Parkway Plaza will make reasonable efforts to re-let the premises on my behalf. However, until such time as Parkway Plaza is able to re-let the premises, I understand and agree that I shall remain liable for the monthly rental payments, parking fees and other charges imposed in accordance with the terms of the lease and I will forfeit my application deposit paid as well as all other monies paid for appliction or activity fees. No agreement except contained here will be binding on either the applicant, agent, or owner.

I understand that the lease I will be signing is a JOINT AND SEVERAL LEASE. This means that all tenants and their guarantors will hold joint responsibility for the entire rental amount due on the lease, as well as the care and condition of the apartment. In the event that one or more tenants fail to uphold their obligations under the lease, ALL tenants shall be held legally responsible.

IN SIGNING THIS AGREEMENT, I AGREE TO ADHERE TO ALL TERMS AND CONDITIONS CONTAINED WITHIN THE AGREEMENT AS IS OUTLINED ABOVE.

Sign/Print _____

Dated _____
