

# MVM LIVING RENTAL APPLICATION

1. A non-refundable application fee of \$50 per applicant is required when an application is submitted. All individuals age 18 or over that intend to reside in the property must apply.
2. The applicant must provide their photo ID and proof of social security number before a showing.
3. The applicant must complete the application in full. Put N/A in any areas that do not apply. (Two years of employment and residential history required)

## **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

4. A hold deposit equal to one month's rent must be paid in full to hold a rental unit. A hold deposit is non-refundable 3 days after approval. **NO UNIT WILL BE HELD WITHOUT A DEPOSIT.**
5. The lease must be signed within 3 days of approval, or the hold deposit will be forfeited.
6. A new application is required after 60 days.

## **APPLICANT INFORMATION**

Full Name \_\_\_\_\_  
Is applicant at least 18 years old?  Yes  No  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Driver's License / ID No. \_\_\_\_\_  
State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Bank/Credit Union \_\_\_\_\_  
Account # \_\_\_\_\_ Account Type \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## **RESIDENTIAL INFORMATION** *(two year history)*

Current Address \_\_\_\_\_  
 Own  Rent \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Rent/mortgage \$ \_\_\_\_\_ /month  
Landlord/Mortgage Co. Name \_\_\_\_\_  
Phone \_\_\_\_\_

**Prior Address** \_\_\_\_\_  
 Own  Rent \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Rent/mortgage \$ \_\_\_\_\_ /month  
Landlord/Mortgage Co. Name \_\_\_\_\_  
Phone \_\_\_\_\_

**EMPLOYMENT INFORMATION** *(two year history)*

Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_ /mo. OR \$ \_\_\_\_\_ /hour for \_\_\_\_\_ hours  
per week on average  
Employed From \_\_\_\_\_ To \_\_\_\_\_  
Previous Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_ /mo. OR \$ \_\_\_\_\_ /hour for \_\_\_\_\_ hours  
per week on average  
Employed From \_\_\_\_\_ To \_\_\_\_\_

**OTHER INCOME**

*Alimony, child support, or separated maintenance income need not be revealed if Applicant does not wish to have it considered as a basis for paying this obligation.*

Source \_\_\_\_\_  
Amount \_\_\_\_\_  
Source \_\_\_\_\_  
Amount \_\_\_\_\_  
Applicant Initials \_\_\_\_\_ Date \_\_\_\_\_

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**VEHICLE INFORMATION**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate  
# \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate  
# \_\_\_\_\_

**OTHER OCCUPANTS** (Full Name)

Name \_\_\_\_\_  18 or older Name \_\_\_\_\_  
\_\_\_\_\_  18 or older

Name \_\_\_\_\_  18 or older Name \_\_\_\_\_

18 or older

Name \_\_\_\_\_  18 or older Name \_\_\_\_\_

18 or older

**PETS**

Do you have any pets?  No  Yes, list and describe:

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**OTHER INFORMATION**

Have you ever declared bankruptcy or suffered foreclosure?  No  Yes

Have you ever been evicted or sued for unpaid rent or damages to leased property?  No  
 Yes

Have you ever refused to pay rent for any reason?  No  Yes

Have you ever been convicted of a felony or misdemeanor?  No  Yes

Have you been obligated to pay support under an order, on record in Pennsylvania,?  No  
 Yes

List the County and the Domestic Relations File or Docket

Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ Are you delinquent?  No  Yes

\*If you answered "Yes" to any of the above questions, please explain.

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**References**

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

**ADDITIONAL COMMENTS**

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**AUTHORIZATION**

The applicants authorize MVM Living and representatives of to obtain any information deemed necessary to evaluate this application. This information may include, but is not limited to, credit reports, criminal history, judgments of record, rental history, verification of employment and salary, employment history, vehicle records and licensing records. MVM Living may report to the Landlord any information obtained for evaluation of the applicant. The applicants acknowledge that all information in the application is true and correct. The applicants acknowledge that if they present false or incomplete information to MVM Living or the Landlord may reject this application. The applicants understand that giving false or incomplete information may result in forfeiture of any payments made in connection with the

Rental Application.

**I HAVE READ AND ACKNOWLEDGE THIS PROCEDURE FOR SUBMITTING AN APPLICATION**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Employment Verification**

*Applicant Section* (completed by applicant)

Authorization: Applicant authorizes MVM Living to obtain information deemed necessary to evaluate their rental application. This information includes verification of employment, salary, and employment history.

Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant SSN or Employee ID \_\_\_\_\_

***MVM LIVING*** (completed by MVM)

Sir or Madam,

\_\_\_\_\_ has applied to rent from MVM LIVING property Management and has given your name as a past or present employer. To verify the information provided on the rental application, please provide us the following information. We can be contacted at 215-644-8373, if you have any questions.

Thank you for your cooperation,  
MVM LIVING PROPERTY MANAGEMENT

***Employer Section*** (completed by employer)

Company

Name \_\_\_\_\_

Full time  Part-time Employment Start Date \_\_\_\_\_

End Date \_\_\_\_\_

If part time, hours worked \_\_\_\_\_ Salary \$ \_\_\_\_\_

Weekly/Biweekly/Monthly

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Person completing form (Print) \_\_\_\_\_

Title \_\_\_\_\_

Person completing form (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Return to:

**MVM LIVING**

**1513 W Passyunk Avenue**

**Philadelphia PA 19145**

**Landlord Verification**

***Applicant Section*** (completed by applicant)

Authorization: Applicant authorizes MVM LIVING to obtain information deemed necessary to evaluate their rental application. This information includes verification of residence including payment history, relationship with prior landlord, damages to leased property, etc.

Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant SSN or Employee ID \_\_\_\_\_

***MVM LIVING Section*** (completed by MVM)

Sir or Madam,

\_\_\_\_\_ has applied to rent from MVM LIVING PROPERTY MANAGEMENT and has given your name as a past or present landlord. To verify the information provided on the rental application, please Provide us the following information. We can be contacted at 215-644-8373 if you have any questions.

Thank you for your cooperation,  
MVM LIVING

***Landlord Section*** (completed by landlord)

When did the tenant rent from you? \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_

Did tenant pay rent on time?  No  Yes

Did the tenant make any unreasonable demands or complaints?

No  Yes, please explain:

\_\_\_\_\_

Did they give timely notice?

No  Yes Reason for leaving \_\_\_\_\_

Was the unit left in good condition?  No  Yes

Was the security deposit used to cover damages?  No  Yes

Where there any particular problems with the tenant?  No  Yes, please explain \_\_\_\_\_

\_\_\_\_\_

Person completing form (Print) \_\_\_\_\_

Title \_\_\_\_\_

Person completing form (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Return to:

MVM LIVING

1513 W Passyunk Avenue

Philadelphia PA 19145