



**Hyland Hills Apartments**  
 275 Oakville Drive, Pittsburgh, PA 15220  
 Phone: (412) 921-4416  
 Fax: (412) 921-4276

New Address:

\_\_\_\_\_

Pittsburgh, PA 15220 \_\_\_\_\_

ASSIGNED TO

Bldg. # \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Apt. Size \_\_\_\_\_ Bedroom \_\_\_\_\_  
 Rental Rate \$ \_\_\_\_\_  
 Move In Date \_\_\_\_\_  
 Lease Term from \_\_\_\_\_ To \_\_\_\_\_  
 Deposit \$ \_\_\_\_\_ Check \_\_\_\_\_ MC \_\_\_\_\_  
 Visa \_\_\_\_\_ Discover \_\_\_\_\_ MO \_\_\_\_\_

**RENTAL APPLICATION**

PLEASE COMPLETE THE FOLLOWING. WRITE THE WORD "NONE" WHERE IT APPLIES. PLEASE PRINT.

PERSONAL DATA: Married  Single  Separated  Divorced  Male  Female

Name \_\_\_\_\_ Jr.  Sr.   
First M. Initial Last

Spouse Name \_\_\_\_\_ Jr.  Sr.   
First M. Initial Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Apt. # City State Zip

Rent Per Month \$ \_\_\_\_\_ Lived here from \_\_\_\_\_ To \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Name of Apt. Community \_\_\_\_\_ Landlord Phone No. \_\_\_\_\_

Landlord Address \_\_\_\_\_ Present Lease Expiration Date \_\_\_\_\_

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Previous Address \_\_\_\_\_ Rent \$ \_\_\_\_\_

Previous Landlord \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord Address \_\_\_\_\_ Landlord Phone No. \_\_\_\_\_

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Active Member of Military? Yes  No  Branch \_\_\_\_\_

Are you now expecting a child? No  Yes  Expected Date of Birth \_\_\_\_\_

PERSONS WHO WILL OCCUPY APARTMENT: Total Number \_\_\_\_\_

Name _____	Relationship <u>Self</u> _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____
Name _____	Relationship _____	Birth Date _____

EMPLOYMENT DATA:

Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_ Other: \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Person to Verify \_\_\_\_\_ Person to Verify \_\_\_\_\_ Person to Verify \_\_\_\_\_

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

Annual Income \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Job Title \_\_\_\_\_ Yrs. \_\_\_\_\_ Job Title \_\_\_\_\_ Yrs. \_\_\_\_\_ Job Title \_\_\_\_\_ Yrs. \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

If you have held the above job for less than 3 yrs., please provide the following information: TOTAL ANNUAL INCOME \$ \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_ Years of Service \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Your Job Title \_\_\_\_\_ Other Income \$ \_\_\_\_\_ Source \_\_\_\_\_

PLEASE COMPLETE PAGE 2 OF 2

PAGE 2 OF 2

PLEASE COMPLETE THE FOLLOWING. WRITE THE WORD "NONE" WHERE IT APPLIES. PLEASE PRINT.

**AUTOMOBILE DATA**

Car No. 1  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Car No. 2  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

**LOCAL CREDIT REFERENCES:**

Bank Name \_\_\_\_\_ Savings  Checking

Credit Reference (Loans): Name of Company \_\_\_\_\_

Credit Cards: Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

PETS: Do you own a pet? No  Yes  Type \_\_\_\_\_ How Many? \_\_\_\_\_

Emergency Next of Kin: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Referred By Current Resident? Name \_\_\_\_\_ Apt. No. \_\_\_\_\_

I hereby tender a deposit in the amount of \$ \_\_\_\_\_ which is acknowledged toward the first month's rent, the balance to be paid and Lease signed on or before \_\_\_\_\_. If for any reason I refuse to accept designated apartment, I agree to forfeit said deposit as liquidated damages.

The application and deposit are subject to the approval of the Lessor or Agent, and are also subject to the removal of present residents, if premises are now occupied. I also understand that no pets are permitted unless otherwise stated.

Applicant authorizes Lessor or its Agent to investigate Applicant's background with respect to credit and all other pertinent aspects and further authorizes Lessor or its Agent to secure and use information provided by consumer reporting agencies.

If this application is not approved and accepted by the Lessor or Agent, the deposit will be refunded with the exception of \$25.00 which will be retained for the cost of the consumer report.

Applicant certifies that information furnished in this application is true and correct.

**Signatures of Applicants:**

X \_\_\_\_\_ Date \_\_\_\_\_  
X \_\_\_\_\_ Date \_\_\_\_\_  
X \_\_\_\_\_ Date \_\_\_\_\_

Application Fee of \$ \_\_\_\_\_ Received \_\_\_\_\_ Security Deposit of \$ \_\_\_\_\_ Due \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date \_\_\_\_\_



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### INFORMATION DISCLOSURE AUTHORIZATION

I/WE hereby authorize you to release to HYLAND HILLS APARTMENTS the following information for the purpose of verification of:

\_\_\_\_ Employment history, dates, titles, hours, income, etc.

\_\_\_\_ Landlord history, dates, payments, violations, pets, damages, etc.

This information is for the use in determining eligibility for rental housing. A photographic copy of this authorization (being a valid copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number





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### PAYMENT AUTHORIZATION

By signing this form, I \_\_\_\_\_,  
 (Please print your name as it appears on card)

am authorizing Hyland Hills Apartments to directly debit my account for the first month rent and application fee(s) for Apt # \_\_\_\_\_

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Check One: Debit \_\_\_\_\_ Credit \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Cell Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

1. Name: \_\_\_\_\_  
                     First  Middle  Last

Driver License # \_\_\_\_\_ State \_\_\_\_\_

2. Name: \_\_\_\_\_  
                     First  Middle  Last

Driver License # \_\_\_\_\_ State \_\_\_\_\_

3. Name: \_\_\_\_\_  
                     First  Middle  Last

Driver License # \_\_\_\_\_ State \_\_\_\_\_