

**Stone Mill Station**  
**Phone: (610) 398-4930**  
**Fax: (610) 398-6959**

**This must be filled out completely for occupancy**

Today: \_\_\_\_\_ Desired Date of Occupancy: \_\_\_\_\_  
Applicant #1: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
I-9 Work Visa: \_\_\_\_\_  
Applicant #2: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
I-9 Work Visa: \_\_\_\_\_

List Names, Social Security Numbers, and Date Of Birth for all people who will occupy apartment:

Name	Relationship	Social Security #	Date of Birth

Are all applicants and/or occupants citizens or legal residents of the United States?      Yes      No

(Note: No Monthly Fees for Service Animals)  
Will a pet of any type live in the apartment?      Yes      No      If Yes, please describe below:

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
License/Date: \_\_\_\_\_

Type: \_\_\_\_\_ Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
License/Date: \_\_\_\_\_

Do you have a water bed?      Yes      No      Do you have renter's insurance?      Yes      No

**Residential History**

Please provide the following information

1. Current Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Date Rented: From \_\_\_\_\_ To \_\_\_\_\_

**Alternative Address:** (such as PO Box #, etc) **If none, write "Same as Above"**

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Previous Landlord/Community Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Date Rented: From \_\_\_\_\_ To \_\_\_\_\_

**Person to notify in Case of an Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you and/ or any occupants ever been evicted? Yes No

Have you and/ or any occupants ever declared bankruptcy? Yes No

Do you and/ or any occupants use illegal drugs? Yes No

Have you or any member or your family been convicted of a crime or are currently engaged in any criminal activity? Yes No

If you answer as YES, explain below:

\_\_\_\_\_

**Employment Information**

Applicant 1

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*For Office Use Only* Verified By: \_\_\_\_\_ Who Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*For Office Use Only* Verified By: \_\_\_\_\_ Who Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant 2**

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*For Office Use Only* Verified By: \_\_\_\_\_ Who Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*For Office Use Only* Verified By: \_\_\_\_\_ Who Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Other sources of income: \_\_\_\_\_ Amount: \_\_\_\_\_

Applicant #1 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking Account: Yes No Savings Account: Yes No

Applicant #2 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking Account: Yes No Savings Account: Yes No

Applicant #1 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Applicant #2 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Vehicle you would like to park on the property:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Bucks Landing, as owner reserves the right to reject this application and to refuse possession of the above mentioned accommodations. I/we have read the foregoing and certify that the information herein submitted by me/us is true and correct, that this application in my/our behalf, subject to the above, applicant(s) authorize Bucks Landing, or its agents to process this application and make the necessary searches and investigations. The application fee is non-refundable.

**\*APPLICANTS ACKNOWLEDGE THAT WINDOW AIR CONDITIONING UNITS ARE NOT ALLOWED.\***

**DOGS ARE PERMITTED WITH WEIGHT AND BREED RESTRICTIONS.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

