PRIME RESIDENTIAL PROPERTIES

A Prime City Development Corp., Inc. Company



Residential Housing Providers P.O. Box 304 Bala CynWyd, Pa. 19004

Phone: (215) 329-4969/ Fax: (866) 243-7569 E-mail – rentals@primecitydeveloper.com Website: www.PrimeCityDevelopers.com

On-Line Rental Application

For your convenience and for faster processing of your application.

We have providing our rental application on-line, which can be printed, completed and brought with you to the unit or can be faxed or emailed to us.

Application fees are as followed:

\$40.00 – For the first Applicant \$25.00 – For each additional applicant 18 years of age and older

When applying by mail:

Mail your completed application along with application fees to:

Prime City Developers P.O. Box 304 Bala CynWyd, PA 19004

When applying by fax or email:

Fax your completed document to: (866) 243-7569

Email your application to rentals@primecitydevelopers.com

When applying by fax or email, you will need to send your application fees via our on-line payment system at our website at www.primecitydevelopers.com

"Please remember, applications without the proper application fees cannot be processed."

****** Applications must be fully completed to be processed ******

"Important Notice"

The Prime City Development Corp., Inc. is an equal opportunity property renter.

"Note"

Before completing and application, we ask that your intent be good. It is very important that you answer all questions truthfully and to the best of your knowledge. All information that you have entered on this application will be verified.

** We further ask that if you have or intent to do any of the following **
-If you have a criminal past

-If you intend to move someone in that has a criminal past
-If you intend to support or entertain those who have criminal intents
-If you intend to move other people in that are not on the lease
-If you intend to use, sell or distribute any kind of illegal drugs
-If you intend to conduct any kind of illegal activities
-If you intent to be loud and disruptive to neighbors or other tenants

> Do yourself and us a favor - " DON'T BOTHER TO APPLY "<

Rental Application						
Applicant Information						
Name:						
Date of birth:	SSN:	1	Phone:			
Current address:	-	'				
City:	State:	- :	ZIP Code:			
Own Rent (Please circle)	Monthly payment or rent:	l .		How long?		
Previous address if less than 2 years:						
City:	State: ZIP Code:		ZIP Code:			
Owned Rented (Please circle)	Monthly payment or rent:			How long?		
Employment or Income Informa	ation					
Current employer:						
Employer address:				How long?		
Phone:	E-mail:		Fax:			
City:	State:		ZIP Code:			
Position:	Monthly Net Income					
	(Amount you bring home):					
If less than 2 years with current employer, please fill in this area:						
Past Employer:	How long Ot		Other:			
Past Employers Phone:	Monthly Net Income: Other:					
Rental Applying For						
Address: 521 East Hilton Street						
City: Philadelphia	State: PA	ZIP Code:	19134			
Notes: New Applicant						
Co-applicant Information, if Ma	arried					
Name:						
Date of birth:	SSN:	1	Phone:			
Current address:	-	'				
City:	State:		ZIP Code:			
Own Rent (Please circle)	Monthly payment or rent:			How long?		
Previous address:						
City:	State: Z		ZIP Code:			
Owned or Rented (Please circle)	Monthly payment or rent:					
	Monthly payment or ren	t:		How long?		
Co-applicant Employment Info		t:		How long?		
Co-applicant Employment Infor		t:		How long?		
		t:		How long? How long?		
Current employer:			Fax:			
Current employer: Employer address:	rmation		Fax: ZIP Code:			
Current employer: Employer address: Phone:	E-mail:					
Current employer: Employer address: Phone: City:	E-mail: State: Monthly Net Income					

Have you ever been convicted of a felony	Yes No	Explain:		
Have you ever been convicted of a misdemeanor	Yes No	Explain:		
Additional Space:				
Reference:				
Name:	Address:	Phone:		
I authorize the verification of all information that I have provided on this form as to my credit, employment, criminal history and past tenant history. I have received a copy of this application. False or unverifiable statement will automatically decline your application.				
Signature of applicant:		Date:		
Signature of co-applicant:		Date:		

Please complete entire application, incomplete applications cannot be processed. Please call or email us for assistance with complete an application