

ATLAS REALTY MANAGEMENT CO., INC.

315 South Allen Street, State College, PA 16801 Phone: 814-238-0741 Fax: 814-238-8435

CONSUMER NOTICE (THIS IS NOT A CONTRACT)

hereby states that with respect to the property, I am acting as an agent of the owner pursuant to a Property Management Agreement.

Signature of Consumer

Apt. #	Monthly Rental:	Term:
Commencing Date:		Terminating Date:
Applicant: <input type="checkbox"/> Single <input type="checkbox"/> Married		If Married, Spouse Name:
Social Security #		Number of Occupants:
Name:		Date of Birth:
Present Address:		Phone #
Present Landlord:		Phone #
Previous Landlord:		Phone #
Parents or Next of Kin:		
Address:		Phone #

CREDIT INFORMATION:	
Name:	Account #
Address:	Phone #
Name:	Account #
Address:	Phone #

BANK:	
(Checking) Name:	Account #
Address:	
(Savings) Name:	Account #
Address:	

Occupation:	Position:
If Grad Student: (Department)	(Advisor)
Employer:	Salary:
Business Address/Phone #	
Name of Supervisor:	How Long Employed:
IF NOT EMPLOYED, HOW WILL RENT BE PAID?	

PREVIOUS EMPLOYMENT:	
Occupation:	Position:
Employer:	Salary:
Business Address/Phone #	
Name of Supervisor:	How Many Years:

Amount of Security Deposit:	Date Approved:
Application Taken By:	Application Approved By:
Credit Check Fee:	

I agree and understand that in the event this application is accepted by the agent or owner within a reasonable time I agree to execute a lease when tendered to me. If I fail or refuse to execute a rendered lease, the security deposit may be retained by the agent or owner as liquidated damages.

Initial

(Applicant Signature)

(Date)

(Agent)