



LOBOS MANAGEMENT

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Rental Application

BUILDING _____	MONTHLY RENT _____
APARTMENT NUMBER _____	PLUS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS
LEASING AGENT _____	<input type="checkbox"/> WATER/SEWAGE <input type="checkbox"/> GROUNDSKEEPING
MOVE-IN DATE _____	DEPOSIT _____ APPLICATION FEE _____
INITIAL LEASE TERM _____	OCCUPANCY FEE _____

PERSONAL INFORMATION

FULL NAME _____
FIRST MIDDLE LAST DATE OF BIRTH

ADDRESS _____
STREET CITY STATE ZIP

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

SPOUSE'S FULL NAME _____
FIRST MIDDLE LAST DATE OF BIRTH

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

PHONE NUMBER (Home) _____ (Cell) _____ (Work) _____

If Tenant/Applicant provides a cell number, Tenant/Applicant agrees to accept TEXT MESSAGES from Landlord to receive information in relation to the application or lease. _____ Initials

PRESENT LANDLORD NAME _____
TELEPHONE NO. MONTHLY PAYMENT

DATE OF OCCUPANCY _____

Please list any persons who will occupy your apartment:

OTHER NAMES AND AGES:

NAME _____ AGE _____	NAME _____ AGE _____
NAME _____ AGE _____	NAME _____ AGE _____

IN CASE OF EMERGENCY---- NOTIFY:

NAME _____	ADDRESS _____	CITY/STATE _____	RELATIONSHIP _____	PHONE NO. _____
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I UNDERSTAND THAT PERSONAL PROPERTY AND LIABILITY INSURANCE ARE MY RESPONSIBILITY BECAUSE THE OWNER AND MANAGER DO NOT INSURE ME OR MY GUEST'S PERSONAL PROPERTY OR WELL-BEING AND I UNDERSTAND THAT PETS ARE NOT PERMITTED UNLESS A SEPARATE AGREEMENT IS SIGNED. _____ INITIALS

PRESENT EMPLOYER _____	SUPERVISOR'S NAME _____
EMPLOYED SINCE _____	TELEPHONE NUMBER _____
JOB TITLE _____	MONTHLY PAY _____
	<small>GROSS</small>
SPOUSE'S EMPLOYER _____	SUPERVISOR'S NAME _____
EMPLOYED SINCE _____	TELEPHONE NUMBER _____
JOB TITLE _____	MONTHLY PAY _____
	<small>GROSS</small>
OTHER SOURCES OF INCOME	SOURCE _____
SOURCE _____	MONTHLY AMOUNT _____
MONTHLY AMOUNT _____	

For Office Use Only

<input type="checkbox"/> App. Fee paid _____ <small>Date Int.</small>	<input type="checkbox"/> Comm/Vac _____ <small>Date Int.</small>	<input type="checkbox"/> _____ <small>Notes</small>
<input type="checkbox"/> Deposit paid _____ <small>Date Int.</small>	<input type="checkbox"/> Lease prepared _____ <small>Date Int.</small>	<input type="checkbox"/> _____ <small>Notes</small>
<input type="checkbox"/> Rent paid _____ <small>Date Int.</small>	<input type="checkbox"/> Lease entered _____ <small>Date Int.</small>	<input type="checkbox"/> _____ <small>Notes</small>

