



94 Willow Valley Drive * Lancaster, PA 17602
 717-464-2769 / fax 717-464-2760
 www.willowvalley.com

Community: _____
 Date of Application: _____
 Desired Move In Date: _____
 Address: _____
 Rent: _____
 Lease Start Date: _____
 Referred By: _____

Please print plainly and fill in ALL blank spaces completely. All information is confidential.

APPLICANT	CO-APPLICANT												
Full Name: _____ DOB: _____ Social Sec. No.: _____ - _____ - _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email Address: _____ Time at Present Address: _____ Current Payment: _____ Reason for Moving: _____ Landlord or Mortgage Holder: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Applicant's Driver's License #: _____	Full Name: _____ DOB: _____ Social Sec. No.: _____ - _____ - _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ Email Address: _____ Time at Present Address: _____ Current Payment: _____ Reason for Moving: _____ Landlord or Mortgage Holder: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Applicant's Driver's License #: _____												
EMPLOYMENT INFORMATION	EMPLOYMENT INFORMATION												
PRESENT STATUS: Employed Full Time Employed Part Time Unemployed Retired EMPLOYED BY: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Title: _____ Supervisor: _____ How Long? _____ Gross Income \$ _____ per _____ PREVIOUS EMPLOYER (if less than one (1) year at present): Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Title: _____ Supervisor: _____ How Long? _____ Gross Income \$ _____ per _____ Reason for leaving: _____	PRESENT STATUS: Employed Full Time Employed Part Time Unemployed Retired EMPLOYED BY: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Title: _____ Supervisor: _____ How Long? _____ Gross Income \$ _____ per _____ PREVIOUS EMPLOYER (if less than one (1) year at present): Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Title: _____ Supervisor: _____ How Long? _____ Gross Income \$ _____ per _____ Reason for leaving: _____												
ADDITIONAL INFORMATION													
Number of Vehicles (including Company Cars): _____ Make/Model: _____ Year _____ License #: _____ Monthly Payment: _____ Make/Model: _____ Year _____ License #: _____ Monthly Payment: _____ Make/Model: _____ Year _____ License #: _____ Monthly Payment: _____													
Total Number of Occupants: _____ <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">OTHER RESIDENTS</th> <th style="width:30%;">RELATIONSHIP</th> <th style="width:40%;">BIRTH DATE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> PETS? YES _____ NO _____ Cat _____ Dog _____ Breed: _____ Age: _____ Weight: _____	OTHER RESIDENTS	RELATIONSHIP	BIRTH DATE	_____	_____	_____	_____	_____	_____	_____	_____	_____	IN CASE OF PERSONAL EMERGENCY NOTIFY: Name: _____ Address: _____ Relationship: _____ Telephone(s): _____
OTHER RESIDENTS	RELATIONSHIP	BIRTH DATE											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

Have you, your co-applicant or occupant ever been convicted by a court of law? _____ no _____ yes
 If yes, please explain: _____
 Have you, your co-applicant or occupant ever been convicted for any other felony offense? _____ no _____ yes
 If yes, please explain: _____

AUTHORIZATION TO CHECK CREDIT

In connection with your Application, a consumer or credit reporting agency may be asked to make an investigative consumer or credit report on you.

I (Applicant) understand and hereby authorize agent/owner and any consumer or credit reporting agency or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial responsibility and the statements made with the Application and to inquire and check with persons and references named herein and also authorize(s) such credit or consumer reporting agency or bureau to make a consumer or credit report in connection therewith. I further certify the above information to be correct.

Copy Received By: Applicant's Signature: _____ Date: _____
 Applicant's Signature: _____ Date: _____

Security Deposit: \$ _____	First Month's Rent: \$ _____
Application Fee: \$ _____	Prorated Rent: \$ _____
Total Paid: \$ _____	Security Deposit: \$ _____
	Pet Fee: \$ _____
Application Taken By: _____	Less Security Deposit \$ _____
Date: _____	Total Due Prior to Move In: \$ _____

REFERENCE VERIFICATION: (FOR OFFICE USE ONLY)				
Reference:	Applicant:	Co-Applicant:	By:	Date:
Present Landlord				
Employer				

DISPOSITION OF APPLICATION:

___ Approved ___ Not Approved Manager: _____ Date: _____

If not approved, indicate reason(s): _____

Applicant Notified By _____ Date Notified _____



Thank you for considering a Willow Valley residential community for your new home!

Please print this document and fill in all blank spaces completely. The information you provide is confidential.

Fax or mail the application to the Willow Woods Leasing Office at:

Willow Woods Apartments
Attn: Shari Bradley
94 Willow Valley Drive
Lancaster, PA 17602
(717) 464-2769
FAX (717) 464-2760

Thank you for your application! A representative from the residential community will be in contact with you shortly. Please call us if you have any questions.