



WILLOW VALLEY

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: _____ OTHER RESIDENTS RELATIONSHIP BIRTH DATE _____ _____ _____ PETS? YES NO Cat Dog Breed: _____ Age: _____ Weight: _____	IN CASE OF PERSONAL EMERGENCY NOTIFY: Name: _____ Address: _____ _____ Relationship: _____ Telephone(s): _____ _____

Do you or any of your occupants smoke? no yes

Have you, your cod applicant or occupant ever been convicted by a court of law? no yes

If yes, please explain: _____

Have you, your cod 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 _____



WILLOW VALLEY

***Thank you for considering a Willow Valley
residential property 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 will be in contact with you shortly. Please call us if you have any questions.