



Office Use:

Community: Villages at Greenfield
 Date of Application: / / Desired Move-in Date: / /
 Address: _____
 Quoted Rent: _____ Special(s) Offered: n/a
 Lease Term: _____
 Referred By: _____

Villages at Greenfield Rental Application

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

APPLICANT

Full Name: _____
 Date of Birth: / / Social Security No.: - -
 Address: _____
 City: _____ State: Zip:
 Best Contact #: _____
 Email Address: _____
 Time at Present Address: Amount of Rent/Mtg. Pymt:
 Landlord or Management Co.: _____
 Address: _____
 City: _____ State: Zip:
 Landlord Email/Phone: _____
 Applicant's Driver's License Number: _____
 Reason for Relocating: _____

CO-APPLICANT

Full Name: _____
 Date of Birth: / / Social Security No.: - -
 Address: _____
 City: _____ State: Zip:
 Best Contact #: _____
 Email Address: _____
 Time at Present Address: Amount of Rent/Mtg. Pymt:
 Landlord or Management Co.: _____
 Address: _____
 City: _____ State: Zip:
 Landlord Email/Phone: _____
 Applicant's Driver's License Number: _____
 Reason for Relocating: _____

EMPLOYMENT INFORMATION

Status: Employed Full/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: _____
 City: _____ State: Zip:
 Title: _____ Supervisor: _____
 How Long? _____ Gross Income: \$ _____ per _____
 Reason for leaving: _____

EMPLOYMENT INFORMATION

Status: Employed Full/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: _____
 City: _____ State: Zip:
 Title: _____ Supervisor: _____
 How Long? _____ Gross Income: \$ _____ per _____
 Reason for leaving: _____

ADDITIONAL INFORMATION

Number of Vehicles (including Company Cars): _____

Make/Model: _____ Year Color _____ Tag No. _____ State _____
 Make/Model: _____ Year Color _____ Tag No. _____ State _____
 Make/Model: _____ Year Color _____ Tag No. _____ State _____

Pets? Yes No #Cat(s): #Dog(s):

PET NAME	COLOR	BREED	WEIGHT	AGE	LICENSE #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number of Occupants _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY:

Name: _____

Address: _____

Relationship: _____

Telephone(s): _____

OTHER RESIDENTS

BIRTH DATE

_____	_____
_____	_____
_____	_____
_____	_____

NON-REFUNDABLE CREDIT CHECK AND PROCESSING CHARGE

Applicant submits herewith a non-refundable payment in the amount of \$ 75 for credit/criminal background check and processing charge. If application is not approved, said sum will be retained by management to cover the cost of processing this application. Any false information will constitute grounds for rejection of application. Management or his/her agent is hereby expressly authorized to verify the accuracy and correctness of the statements contained herein, to communicate with applicant's employers and creditors, and to procure such other information which management or agent may require to evaluate this application. **NOTE: Application must be signed before it can be processed by management.**

CONSUMER NOTICE - THIS IS NOT A CONTRACT

(Licensee) Tamara W. Engel hereby states that with respect to this community Villages at Greenfield, I am acting in the following capacity: (check one) (i) A direct employee of the Owner/Landlord

I acknowledge that I have received this Notice on (date): ____/____/____

PRINT (APPLICANT): _____ PRINT (CO-APPLICANT): _____

SIGN (APPLICANT): _____ SIGN (CO-APPLICANT): _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

An application has been made by the named applicant(s) for a home/lot at our community. The information requested is to be forwarded to us for our confidential use.

Name of applicant _____

Address _____

Social Security Number _____ - _____ - _____

Signature of Applicant _____ Date _____

By signing this form I agree to allow the person filling out the form to release this information.

Employer _____

Please answer the following questions as they pertain to the above named applicant(s).

Position _____

Dates of Employment _____ To _____

Salary _____ Bonus/Commissions _____

Probability of Continued Employment _____

Remarks _____

Signature _____ Date _____

Title _____

Thank you for your cooperation and help in processing this application.

6/16/22





VILLAGES AT GREENFIELD

REQUEST FOR VERIFICATION OF RESIDENCE

An application has been made by the named applicant(s) for a home/lot at our community. The information requested is to be forwarded to us for our confidential use.

Name of applicant(s) _____

Address: _____

Dates of Residency – From _____ To _____

Present Rental Rate: \$ _____ per month

Applicant(s) signature _____ Date _____

_____ Date _____

By signing this form I agree to allow the person filling out the form to release this information.

Name of Landlord _____

Please answer the following questions as they pertain to the above named applicant(s):

Did the applicant(s) pay as agreed? _____ If No, please explain _____

Was there any NSF checks? _____ If Yes, How Many? _____

How often was applicant(s) late? _____

Have you ever had to file on the applicant(s)? _____ If Yes, How often? _____

Has there been any noise complaints against the applicant(s) or guest? _____

Did Applicant give proper notice? _____

Would you re-rent? _____ If No, Why not? _____

Thank you for your immediate response.

Landlord signature _____ Date _____

Title _____

**Thank you for your cooperation and help in processing this application.
Please complete and fax to Eastwood Village at 717-397-1909 or call at 717-397-8745**

Villages at Greenfield ■ 102 Summers Drive ■ Lancaster, PA 17601
(717) 397-8745 ■ FAX (717) 397-1909
www.villagesatgreenfield.high.net

6/16/22

