



Castle Ridge Luxury Apartment Homes Apartments

850 Baldwin Street, Pittsburgh, PA 15234

Phone: (412)341-0200 • Fax: (412)341-0201 • Email: live@castleridge.info

New Address:

Apt.#
850 Baldwin Street
Pittsburgh, PA 15234

Apt. Size _____ Bedroom(s) _____
Move In Date _____
Lease Term from _____ To _____
Deposit \$ _____ Check _____
Email: _____

RENTAL APPLICATION

PLEASE COMPLETE THE FOLLOWING. WRITE THE WORD "NONE" WHERE IT APPLIES. PLEASE PRINT.

PERSONAL DATA: Married Single Separated Divorced Male Female

Name _____ Jr. Sr.
First M. Initial Last

Spouse Name _____ Jr. Sr.
First M. Initial Last

Address _____ Phone _____

Rent Per Month \$ _____ Lived here from _____ To _____ Reason for Moving _____
Apt. # City State Zip

Name of Apt. Community _____ Landlord Phone No. _____

Landlord Address _____ Present Lease Expiration Date _____

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Previous Address \_\_\_\_\_ Rent \$ \_\_\_\_\_

Previous Landlord \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord Address \_\_\_\_\_ Landlord Phone No. \_\_\_\_\_

Active Member of Military? Yes  No  Branch \_\_\_\_\_

Are you now expecting a child? YES  No  Expected Date of Birth \_\_\_\_\_

**PERSONS WHO WILL OCCUPY APARTMENT:** Total Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship Self Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

PETS: Do you own a pet? No  Yes  Type \_\_\_\_\_ How Many? \_\_\_\_\_

Emergency Next of Kin: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Referred By Current Resident? Name \_\_\_\_\_ Apt. No. \_\_\_\_\_

**EMPLOYMENT DATA:**

|                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| Applicant: _____           | Spouse: _____              | Other: _____               |
| Company _____              | Company _____              | Company _____              |
| Address _____              | Address _____              | Address _____              |
| Person to Verify _____     | Person to Verify _____     | Person to Verify _____     |
| Phone # _____              | Phone # _____              | Phone# _____               |
| Annual Income \$ _____     | Annual Income \$ _____     | Annual Income \$ _____     |
| Job Title _____ Yrs. _____ | Job Title _____ Yrs. _____ | Job Title _____ Yrs. _____ |
| Social Security # _____    | Social Security # _____    | Social Security # _____    |

If you have held the above job for less than 3 yrs., please provide the following information: **TOTAL ANNUAL INCOME \$** \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Years of Service \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Your Job Title \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_ Source \_\_\_\_\_

**AUTOMOBILE DATA**

Car No. 1  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_  
 Car No. 2  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

**LOCAL CREDIT REFERENCES:**

Bank Name \_\_\_\_\_ Savings  Checking   
 Credit Reference (Loans): Name of Company \_\_\_\_\_  
 Credit Cards: Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

I hereby tender a deposit in the amount of \$ \_\_\_\_\_ which is acknowledged toward the first month's rent, the balance to be paid and Lease signed on or before \_\_\_\_\_. If for any reason I refuse to accept designated apartment, I agree to forfeit said deposit as liquidated damages.

The application and deposit are subject to the approval of the Lessor or Agent, and are also subject to the removal of present residents, if premises are now occupied. I also understand that no pets are permitted unless otherwise stated.

Applicant authorizes Lessor or its Agent to investigate Applicant's background with respect to credit and all other pertinent aspects and further authorizes Lessor or its Agent to secure and use information provided by consumer reporting agencies.

If this application is not approved and accepted by the Lessor or Agent, the deposit will be refunded with the exception of \$25.00 which will be retained for the cost of the consumer report.

Applicant certifies that information furnished in this application is true and correct.

Signatures of Applicants:

|         |            |
|---------|------------|
| x _____ | Date _____ |
| x _____ | Date _____ |
| x _____ | Date _____ |

Application Fee of \$ \_\_\_\_\_ Received \_\_\_\_\_ Security Deposit of \$ \_\_\_\_\_ Due \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date \_\_\_\_\_



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**RENTER'S INSURANCE**

Dear Resident:

It is **mandatory** and in your best interest to purchase **Renter's Insurance** protection for your personal belongings and yourself while you are a resident at this community. Renter's insurance is inexpensive and it covers a wide range of expenses due to accidents.

We urge you to contact your insurance agent for a description of the coverage available to you and the costs involved. Your auto insurance carrier may have a home/auto plan that could save you money, or provided in your move-in packet is an insurance brochure and application for your convenience.

You are required to produce an insurance certificate upon move-in and on each lease anniversary date. These insurance policies are inexpensive and can provide not only monetary compensation for your losses, but can also provide peace of mind in the event of an accident or loss.

Sincerely,

Castle Ridge Management

\_\_\_\_\_  
Resident/Prospect Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident/Prospect Signature

\_\_\_\_\_  
Date



**Application Fees  
&  
First Month's Rent**

I \_\_\_\_\_, acknowledge that to begin the approval process I must submit with my application a check for \_\_\_\_\_ for the application fee. I acknowledge this fee is non-refundable.

I also acknowledge, I must submit another check in the amount of \_\_\_\_\_. This check will be my first month's rent should I be approved. If I am not approved for any reason this amount will be returned to me. If I am approved, and for **any** reason I decide not to sign a lease and take occupancy of unit # \_\_\_\_\_, I realize I will forfeit the **entire** amount of the first month's rent.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Castle Ridge Management