



## THE ROOSEVELT BUILDING

Thank you! We are honored that you've chosen The Roosevelt Building.

### **To Apply:**

- Complete and sign the application (next page) by either:
  - Save the pdf to your device and fill in the fields, OR
  - Print, fill and scan in the pdf
- Submit the completed application to our Property Manager, Dana McFarland, at [dana@therooseveltbuilding.com](mailto:dana@therooseveltbuilding.com).
- There is a \$75 application fee to run your screening.

### **Once you pass the screening, please provide copies of the following:**

- 6 consecutive pay stubs
- Drivers license
- Social security card

**Submitting this application does not hold an apartment.**

**In order to hold an apartment, a security deposit equal to one month's rent is required.**

If you have any questions regarding the building or the application process, please contact Dana at 412.434.1425 or [dana@therooseveltbuilding.com](mailto:dana@therooseveltbuilding.com).



Date \_\_\_\_\_ Community The Roosevelt Building Special Provisions \_\_\_\_\_  
 Apt. # \_\_\_\_\_ Monthly Rental \_\_\_\_\_  
 Lease Start \_\_\_\_\_ Move-In \_\_\_\_\_ Term \_\_\_\_\_  
 Leasing Consultant \_\_\_\_\_ Parking \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ How Long \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Landlord's Phone \_\_\_\_\_ Rental Amount \_\_\_\_\_

Previous Address \_\_\_\_\_  
Street City State Zip

How Long \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Landlord's Phone \_\_\_\_\_ Rental Amount \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Income \_\_\_\_\_

Employed As \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Income \_\_\_\_\_

Employed As \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Other Occupants: Relationship \_\_\_\_\_

Pets (Type, Weight) The Roosevelt Building has a no pet policy \*

Vehicles (Make, Model, Year, Color) \_\_\_\_\_

State \_\_\_\_\_ Auto License # \_\_\_\_\_

**Credit Information**

Creditor	Monthly Payment	Account Number

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I hereby apply to lease the aforementioned premises for the term set forth. I warrant that all statements set forth are true and correct.  
 I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted. Upon acceptance this deposit shall be applied towards the first month's rent on the apartment. I hereby waive any claim for damages by reason of non-acceptance. Owner or agent may reject without stating any reason for doing so.  
 I understand that if I decide that I do not wish to sign a lease for the apartment, I must notify the leasing office within 48 hours from the date below. I understand that if I fail to do so, I will forfeit my earnest money.  
 I recognize that as part of the procedure for processing my application, an investigative consumer report may be prepared and verified through personal interviews. I authorize those sources to release information to NDC Real Estate Management. Lease may be cancelled if any of the enclosed information proves inaccurate.

Signature of Applicant \_\_\_\_\_ Date Received \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ By \_\_\_\_\_

Deposit of \$ One month rent