



1470 Providence Avenue, Chester PA 19013
610.872.8400 phone / 610.872.8108 fax
www.thehubatwidener.com

The Hub at Widener - Rental Application

Applicant Name _____

If you intend to share the apartment, provide the other person's name.
_____ (The additional person must complete a separate Rental Application with the required documents and the non-refundable application fee.)

APARTMENT TYPE

Unit # _____ **Type: Studio** ___ **One Bedroom** ___ **Two Bedroom** ___

(for more information log onto www.thehubatwidener.com click on *leasing* and the apartment you desire – please note availability may vary)

I agree to pay a \$45.00 non-refundable application fee and a \$100.00 reservation deposit. I understand that the \$100.00 deposit will be applied towards the security deposit. Should I decide to cancel my reservation I must do so within 72 hours of paying this deposit in order for me to be refunded the reservation fee. Please return the completed application, along with all required documents, and enclose two (2) checks and (or) money orders payable to **Teres Chester Commons Inc.**

Application Fee:	\$ _____	
Deposit on Security:	\$ _____	
Balance of Security:	\$ _____	DUE DATE _____
Monthly Rent:	\$ _____	
Move in Date: _____		
Pro-rated Rent for _____ to _____	\$ _____	
Lease Dates: _____		
TOTAL DUE UPON MOVE-IN	\$ _____	

STUDENT USE – I am complying with all off campus housing regulations of Widener University

Signature/Date

APPLICANT INFORMATION

APPLICANT NAME (Last, First, Middle)

SSN OR PASSPORT NO. IF NON-US CITIZEN DATE OF BIRTH (mm/dd/yyyy)

PHONE NUMBER E-MAIL ADDRESS

PRESENT ADDRESS (Street, City, State, Country & Zip)

Own/ Rent How Long? Mortgage or Rental Amount

IF RESIDING AT PRESENT ADDRESS FOR LESS THAN ONE (1) YEAR, COMPLETE FOLLOWING:

PREVIOUS ADDRESS (Street) City

State Country Zip

Own/ Rent Years Lived

EMPLOYMENT INFORMATION

NAME / ADDRESS / PHONE OF EMPLOYER

POSITION / TITLE # OF YEARS EMPLOYED

SUPERVISOR'S NAME/PHONE NUMBER / E-MAIL

MONTHLY INCOME – please provide proof of income

STUDENT – SCHOOL INFORMATION

NAME PHONE

ADDRESS

City State Zip Code

PARENT/ GUARANTOR INFORMATION

GUARANTOR NAME (Last, First, Middle)		RELATIONSHIP
ADDRESS (Street)	City	
State	Country	Zip
PHONE NUMBER	E-MAIL	@
PASSPORT NO. (If non U.S. citizen)		SSN OR
DATE OF BIRTH (mm/dd/yyyy)		

PARENT/ GUARANTOR EMPLOYMENT INFORMATION

NAME / ADDRESS / PHONE OF EMPLOYER	
POSITION / TITLE	# OF YEARS EMPLOYED
SUPERVISOR'S NAME/PHONE NUMBER / E-MAIL	
MONTHLY INCOME – please provide proof of income	

DIRECT DEBIT-by completing this section I authorize Teres Chester Commons Inc. to deduct my monthly rental and any additional fees due Teres Chester Commons Inc. from my bank account.

Name of Account Holder
Account Number
Routing Number
Bank Name

VEHICLE INFORMATION

MAKE/MODEL	YEAR
LICENSE PLATE NUMBER	COLOR

EMERGENCY NOTIFICATION INFORMATION

NAME (Last, First, Middle)	RELATIONSHIP	
ADDRESS (Street)	City	
State	Country	Zip Code
PHONE NUMBER	E-MAIL @	

REQUIRED DOCUMENTS

- **Copy of Photo ID (U.S. Driver's License, State Approved ID, or Passport)**
- **Copy of the most recent W-2 form if self-employed, or proof of income (paycheck stub reflecting year-to-date) if not student**
- **If Applicant is a US student, a copy of Guarantor's most recent W-2 form, or proof of income if self-employed,**
- **If Applicant is an international student, a copy of I-20**

No agreement, either written or oral, shall be binding on applicant, agent or owner, unless and to the extent set forth in the lease. I authorize Owner or Owner's agent to conduct a credit, background and reference check of me/us. Acceptance of this application does not assure an apartment reservation. Space is limited. I/we authorize Owner or Owners Agent to contact an agency or credit bureau or any other investigative agencies employed by such, to investigate the references herein listed or statements of me/us pertaining to my/our employment history, prior credit tendencies, character, general reputation, or similar characteristics and to obtain a consumer report and other such information which may result thereby, and to disclose and furnish such information to agent or owner in support of this application. I/ we have been advised that I/ we have the right, under Section 606B of the Fair Credit Act to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of this investigation. I/we understand the \$45.00 credit application processing fee is non-refundable and that should I/we cancel my/our reservation for said apartment; the \$100.00 reservation fee is non-refundable.

Agreed and Accepted:

Applicant	Date
Guarantor	Date