



119 South Burrowes Street • State College, PA 16801
APPLICATION AND AGREEMENT TO LEASE

TEL: 814-238-1878
800-258-9086 (PA Only)

Tenant# \_\_\_\_\_

Building applied for PENN CENTER Apartment No. applied for (Subject to change)
Type 2B / 2B No. to occupy Apt. \*Parking - Yes No
Minimum amount due for lease term / / to / / is \$

\*Parking is rented at an additional cost based on availability. A separate parking lease must be signed.

S.S. # - - Date of Birth / / Sex M F
Applicant's full name (Please Print)
Applicant's present address
City State Zip Phone ( )
Applicant's former realtor and phone #
Name of Parent/Guardian
Address of Parent/Guardian
City State Zip Phone ( )
Parent/Guardian's Employer Name and Address Phone ( )

NOTE: The lease will require the signature of a parent or guardian, although Applicant is alone bound by the Lease until they sign.
Applicant's Signature

BANK REFERENCES

Name of Bank/Address - Tenant Checking or Savings
Name of Bank/Address - Parent/Guardian Checking or Savings

PARKING PRIVILEGES BY PERMIT ONLY - NO PETS PERMITTED - NO WATER BEDS PERMITTED

AGREEMENT TO LEASE

GN Associates will hold the deposit as a security deposit until the end of the lease and I vacate the apartment. GN Associates will deduct the cost of cleaning, repairs or replacements from the security deposit. I will not consider the security deposit as a part of the rent under any circumstances.

This is a legally binding offer to enter a lease for the above type apartment on the lease GN Associates currently uses, containing the terms above. I agree that I am responsible under the lease whether I sign it or not. If GN Associates accepts my application, I understand I must sign this lease when it is tendered to me. If I try to withdraw this offer after acceptance, or if I fail to sign the lease, GN Associates will make reasonable efforts to rent the property for me. If GN Associates succeeds, I agree that GN Associates will keep my deposit as liquidated damages for GN Associates work in processing my application and holding the property open for me while processing the application. Until GN Associates is able to rent the property, I am liable for all rental payments and other lease charges.

No change to this agreement will bind either landlord, any agent, or me.

I WARRANT THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREE TO THE TERMS AND CONDITIONS HERE-ON WHICH I HAVE READ AND UNDERSTAND.

Applicant's Signature Date

I ACKNOWLEDGE RECEIPT OF THE APPLICATION AND AGREEMENT TO LEASE CONTAINING THE ACCEPTANCE BY GN ASSOCIATES.

Applicant's Signature Date

This Application is accepted by GN Associates: Date

AGENT'S SIGNATURE

# PENN CENTER ROOMMATE QUESTIONNAIRE

(Please answer honestly)

Name \_\_\_\_\_ CELL Phone #: \_\_\_\_\_

Hometown \_\_\_\_\_ HOME Phone #: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Will you be a: Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_

Major \_\_\_\_\_ Roommates you wish to live with \_\_\_\_\_

Private Bedroom

Shared Bedroom

How many hours per day do you spend studying: \_\_\_\_\_ Home \_\_\_\_\_ Library \_\_\_\_\_

Do you study with the: TV on \_\_\_\_ Music on \_\_\_\_ Absolute Silence \_\_\_\_

Music you like: Hard Rock \_\_\_\_ Rap \_\_\_\_ Pop \_\_\_\_ Country \_\_\_\_ Classical \_\_\_\_  
Alternative \_\_\_\_ Other \_\_\_\_

Do you smoke cigarettes? Yes \_\_\_\_ (please explain below) No \_\_\_\_  
Light \_\_\_\_ 1 pack a day \_\_\_\_ 2+ packs a day \_\_\_\_

Do you mind living with others who smoke? Yes \_\_\_\_ No \_\_\_\_

Will you want to have parties in your apartment? Yes \_\_\_\_ No \_\_\_\_  
If yes, how many times a week? 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 + \_\_\_\_ Weekends Only \_\_\_\_

Do you drink? Yes \_\_\_\_ No \_\_\_\_  
If yes, how many drinks per party? 1-2 \_\_\_\_ 3-4 \_\_\_\_ 5-6 \_\_\_\_ 7+ \_\_\_\_

Do you approve of drugs? Yes \_\_\_\_ No \_\_\_\_

Will you have overnight guests? Yes \_\_\_\_ No \_\_\_\_

Do you mind if your roommate(s) have overnight guests? Yes \_\_\_\_ No \_\_\_\_

Do you work outside of school? Yes \_\_\_\_ No \_\_\_\_  
If yes, how many hours per week? 1-5 \_\_\_\_ 6-10 \_\_\_\_ 11-20 \_\_\_\_ 21 + \_\_\_\_

Are you: Messy \_\_\_\_ Neat \_\_\_\_ In between \_\_\_\_

When you get angry, what do you usually do? Sulk \_\_\_\_ Cry \_\_\_\_ Scream \_\_\_\_ Talk to people \_\_\_\_  
Other \_\_\_\_\_

How did you hear about Penn Center Apartments?  
Search Engine \_\_\_\_\_ Penn College Website \_\_\_\_\_ Mail \_\_\_\_\_  
Word of Mouth \_\_\_\_\_ Other \_\_\_\_\_

Additional Comments: \_\_\_\_\_

# Authorization to Charge Security Deposit to Credit Card

## REQUEST TO RESERVE APARTMENT SPACE

This credit card authorization form will be used to reserve a space for you. We will bill your credit card \$299 for the Security Deposit. Upon approval, we will reserve a space for you.

Your fully completed original signed application and roommate questionnaire must be submitted to GN Associates.

## REQUEST TO RESERVE PARKING SPACE

If you would like to reserve a Parking Space behind the building, simply check the box to authorize the \$120.00 Registration Fee to be charged to your credit card.

Complete the Credit Card Information section below and sign the form. **All requested information is required.**

Room Reservation Request	
<b>Applicant Name:</b>	<b>Phone:</b>
<input type="checkbox"/>	TWO SEMESTER LEASE (shared bedroom)
<input type="checkbox"/>	TWO SEMESTER LEASE (own bedroom)
<input type="checkbox"/>	TWELVE MONTH LEASE (Payments due 1 <sup>st</sup> of each month)
Amount to Charge Credit Card	
<b>Purpose:</b> SECURITY DEPOSIT	<b>Amount:</b> Check below to authorize billing <input type="checkbox"/> \$299.00 (non-refundable)
<b>Purpose:</b> PARKING REGISTRATION FEE	<b>Amount:</b> Check below to authorize billing <input type="checkbox"/> \$120.00 <b>OPTIONAL</b> (non-refundable)
Credit Card Information	
<b>Credit Card Type:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card	
<b>Credit Card Number:</b>	<b>Expiration Date:</b>
<b>Cardholder's Name:</b>	<b>Cardholder's Zip Code:</b>
<b>Cardholder's Signature:</b>	<b>Date:</b>