

APPLICATION

GALASSO REAL ESTATE SERVICES
40 SOUTHERN AVENUE
Pittsburgh, PA 15211
Phone # 412-431-0500

Fax # 412-431-4500 ACCOUNT# 4545 5751

APPLICANT _____ DATE OF BIRTH _____
SOCIAL SECURITY # _____ TELEPHONE _____
PRESENT ADDRESS _____
LANDLORD/MORTGAGE _____ TELEPHONE _____
PREVIOUS ADDRESS _____
EMPLOYER _____ TELEPHONE _____
POSITION _____ LENGTH OF EMPLOYMENT _____

~~~~~  
CO-APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
LANDLORD/MORTGAGE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

~~~~~  
PERSONAL REFERENCE #1: NAME: _____ RELATION _____ PHONE# _____
PERSONAL REFERENCE #2: NAME _____ RELATION _____ PHONE# _____
PREVIOUSLY EVICTED? _____ ARRESTED? _____ ANY PETS? _____

EXPLAIN _____

The undersigned represents all facts and statements presented herein are true and for the purpose of obtaining a credit report. Verification may be obtained from any source named in the application or a recognized credit reporting service. The decision to grant or deny this application is at the sole discretion of the agent/landlord/lender.

APPLICANT'S SIGNATURE _____ DATE _____
CO-APPLICANT'S SIGNATURE _____ DATE _____