



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: AGENT'S SIGNATURE Date

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	
Applicant Name:	Phone:
<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 st of each month)
Amount to Charge Credit Card	
Purpose: SECURITY DEPOSIT	Amount: Check below to authorize billing <input type="checkbox"/> \$299.00 (non-refundable)
Purpose: PARKING REGISTRATION FEE	Amount: Check below to authorize billing <input type="checkbox"/> \$120.00 OPTIONAL (non-refundable)
Credit Card Information	
Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card	
Credit Card Number:	Expiration Date:
Cardholder's Name:	Cardholder's Zip Code:
Cardholder's Signature:	Date: