



**IFR**  
**Furniture**  
**Rentals**  
**&**  
**Sales**

**RESIDENTIAL RENTAL APPLICATION**

7035 JONESTOWN ROAD  
 HARRISBURG, PA 17112  
 (717) 657-3000  
 800-347-9277  
 FAX: (717) 540-8459

**HOW DID YOU HEAR OF IFR?**

**REFERRED BY:**

- |  |  |
|--|--|
| <input type="checkbox"/> YELLOW PAGES    | <input type="checkbox"/> APARTMENT MANAGER |
| <input type="checkbox"/> APARTMENT GUIDE | <input type="checkbox"/> EMPLOYER          |
| <input type="checkbox"/> BROCHURE        | <input type="checkbox"/> NEWSPAPER         |
| <input type="checkbox"/> INTERNET        | <input type="checkbox"/> BUS. PUBLIC.      |
|  | <input type="checkbox"/> FRIEND            |
|  | <input type="checkbox"/> OTHER _____       |

**DELIVERY INFORMATION:**

STREET \_\_\_\_\_  
 APARTMENT COMPLEX \_\_\_\_\_ UNIT # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 NEW HOME PHONE #: ( ) \_\_\_\_\_ - \_\_\_\_\_

**DELIVERY INSTRUCTIONS:**

- WILL BE THERE     GO TO RENTAL OFFICE     CALL \_\_\_\_\_ HOUR AHEAD

**DIRECTIONS TO DELIVERY ADDRESS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LANDLORD INFORMATION FOR DELIVERY ADDRESS:**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_ - \_\_\_\_\_

**APPLICANT:**

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ SURNAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 PERMANENT HOME ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PREVIOUS HOME ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SPOUSE:**

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**EMPLOYMENT:**

COMPANY NAME: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_  
 COMPANY ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SINCE \_\_\_\_\_ TITLE \_\_\_\_\_ SUPERVISOR/TITLE \_\_\_\_\_

**EMPLOYED LOCALLY AT:**

COMPANY NAME: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_  
 COMPANY ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 GROSS SALARY MONTHLY \$ \_\_\_\_\_ SPOUSE / RENTAL PARTNER GROSS MONTHLY INCOME \$ \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE, AND HEREBY GIVE IFR FURNITURE RENTALS & SALES AUTHORITY TO CHECK EMPLOYMENT HISTORY AND TO CONTACT CREDIT BUREAUS TO OBTAIN REPORTS. THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED.

SIGNATURE OF APPLICANT x \_\_\_\_\_ DATE \_\_\_\_\_