



CM & F Associates

521 East Beaver Avenue, State College, PA 16801

(814) 237-9734

APPLICATION
No Summer Subletting Is Permitted

Date: _____ Type of Unit Requested: _____

Number to Occupy Townhouse _____

Requested Parking: ☐ Yes ☐ No \$1,000 for Lease year paid in full by August 15

Applicant's Full Name (PLEASE PRINT) _____

Social Security No.: _____ Age: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female Current Year in College: _____ Depart./Major _____

Email address: _____

Applicant's Present Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Applicant's Former Realtor/Address (If Applicable): _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian Employer's Name & Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Will Parent Co-Sign Lease: ☐ Yes ☐ No All tenants must have parent/guardian co-sign the lease

BANK REFERENCES

Name of Bank & Address: (Tenant) _____ Checking or Savings

Name of Bank & Address: (Parent) _____

Credit References: Tenant/Parent/Guardian _____

Character References: (No Relatives) _____ Phone: _____

_____ Phone: _____