

# SACONY COMMONS

## LEASE AND CREDIT APPLICATION - APPLICANT MUST BE FULL TIME COLLEGE / UNIVERSITY STUDENT

DATE \_\_\_\_\_

APPLICANT (Student) INFORMATION			
Applicant's Name	Date of Birth	Email Address	
Local Address	Years/Months	Local Phone	
Home Address	Years/Months		
City	State	Zip Code	County
Social Security Number/Student I.D. Number	Home Phone Number	Date of Birth	
Driver's License Number	Number of Dependents	Age of Dependents	
College/University	Years to Complete	Current Status	
Who is Responsible For Paying Your Rent?			
Do You Receive Financial Aid?	Financial Aid Office Contact		
Name and Address of Your Employer	Phone	Hours / Week	Your Position

GUARANTOR [Parent(s) / Guardian(s)] INFORMATION			
Parent(s) / Guardian(s) Name(s)	Marital Status	Email Address	
Home Address	Years/Months	Own or Rent?	
City	State	Zip Code	County
Home Phone Number	Social Security Number		
Date of Birth	Driver's License Number		
Number of Dependents	Age of Dependents		
Employer(s)	Personal Monthly Employment Income		
Bank Name	Checking Account Number		
Major Credit Card Name	Number	Expiration Date	

I/We represent that this application is complete and accurate and fully reflects my/our financial condition on this date. I/We authorize Kutztown Associates, LP ("KA") or its Agent, Higher Education Solutions ("HES") to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify KA or HES immediately, in writing, of any adverse change in my/our financial condition. I/We authorize the Office of Student Conduct Standards at Kutztown University to release any information about me/us regarding behavior and/or any resultant disciplinary action in which I/We was involved. I/We understand that KA/HES will retain this application if approved.

\_\_\_\_\_  
**Applicant's Signature** **Date** **Parent(s) / Guardian(s) Signature** **Date**

MAIL THIS FORM TO: **Kutztown Associates, LP d/b/a Sacony Commons**  
**Post Office Box 332**  
**Orwigsburg, PA 17961-0332**