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 ID 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?	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 Higher Education Solutions ("HES") or its Agent, to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify HES or its Agent immediately, in writing, of any adverse change in my/our financial condition. I/we authorize the Office of Student 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 HES will retain this application if approved.

_____ _____

Applicant's Signature Date Parent(s)/Guardian(s) Signature Date

MAIL THIS FORM TO: Sacony Commons, PO Box 187, Kutztown, PA 19530 or Fax to (610) 683-1345