



Mike Murphy Rentals

3320 Derry Street • Harrisburg, PA 17111 • 717-232-5420 • Fax 717-232-0893 • mikemurphyrentals.com

DATE: _____ UNIT APPLYING FOR: _____

RENTAL APPLICATION FOR STORAGE UNITS/GARAGE

APPLICANT:

Name: _____ Phone: _____

Address: _____

City, State, and Zip: _____

Own Current Residence: Yes No

Rent Current Residence: Yes No Name of Landlord: _____

Phone: _____

Date of Birth: _____ SS#: _____

Emergency Contact Person: _____ Phone: _____

Address: _____

Relationship: _____

Employment Information:

Present Employer: _____

Address: _____

Phone: _____ # Years Employed There: _____

Weekly Gross Pay: _____

CO - APPLICANT:

Name: _____ Phone: _____

Address: _____

City, State, and Zip: _____

Own Current Residence: Yes No

Rent Current Residence: Yes No Name of Landlord: _____

Phone: _____

Date of Birth: _____ SS#: _____

Emergency Contact Person: _____ Phone: _____

Address: _____

Relationship: _____



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Employment Information:

Present Employer: _____

Address: _____

Phone: _____ # Years Employed There: _____

Weekly Gross Pay: _____

INTERESTED IN LEASE FOR: 6 MONTHS / LONG TERM

Items to be stored: _____

I authorize the owner or his agents to verify my rental history with current landlord and employment information. The owner may also request a credit report from a credit-reporting agency and by signing this application; I authorize the release of all information.

- I agree to pay a \$20.00 processing fee for each adult applying **Non-Refundable**

Applicant Signature

Date:

Co - Applicant Signature

Date:

Do Not Write Below Dotted Line

Date Application Fee Paid: _____ Credit Card: _____ Cash / Money Order: _____