This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

| APPLICANT HAS NO RELATIONSHIP WITH PA LICENSE who works exclusively for the Landlord and must act in the Landlor | | | | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| | ICE FOR TENANTS | | | | |
| THIS IS NOT | A CONTRACT | | | | |
| (Licensee) hereby states that with respect to this property (describe property) | | | | | |
| | _, I am acting in the following capacity: (check one) | | | | |
| ☐ (i) Owner/Landlord of the Property; | | | | | |
| (ii) A direct employee of the Owner/Landlord; OR | | | | | |
| 🗵 (iii) An agent of the Owner/Landlord pursuant to a property i | management or exclusive leasing agreement. | | | | |
| | | | | | |
| I acknowledge that I have received this Notice: | | | | | |
| Date: Print (Consumer) | Signed (Consumer) | | | | |
| | 02/22/2018 | | | | |
| (Lice | (Date) | | | | |
| | | | | | |
| | | | | | |
| | P WITH PA LICENSED BROKER | | | | |
| ☐ No Business Relationship (Landlord is not represented by a br | oker) | | | | |
| Broker (Company) TARA MANAGEMENT SERVICES, INC | Licensee(s) (Name) | | | | |
| | | | | | |
| Company License # | State License # | | | | |
| Company Address 1502 South Street | Direct Phone(s) (215)985-4855 | | | | |
| Philadelphia, PA 19146 | Cell Phone(s) | | | | |
| Company Phone (215) 985-4855 | Email bkesslerro15@gmail.com | | | | |
| Company Fax (215) 985-1340 Broker is Landlord Agent (Broker represents Landlord only) | Licenses(a) is (sheek only one). | | | | |
| Broker is Landiord Agent (Broker represents Landiord only) | Licensee(s) is (check only one): Landlord Agent (all company licensees represent Landlord) | | | | |
| This form should be used only when the real estate licensee repre- | Landlord Agent (an company needsees represent Landlord) Landlord Agent with Designated Agency (only Licensee(s) named | | | | |
| sents the Landlord, is a direct employee of the Landlord, or owns | above represent Landlord) | | | | |
| the Property. | above represent Landiord) | | | | |
| the Property. | | | | | |
| | | | | | |
| PROPERTY INFORMATION (To | b be supplied by Broker for Landlord) | | | | |
| · | b be supplied by Blokel for Emidiolay | | | | |
| Address | Tr. | | | | |
| Move-in Date Application Fee (non-refundable) \$50.00 per person | Term | | | | |
| | | | | | |
| | Security Deposit \$ | | | | |
| Rent and Security Deposit checks will be written separately. | Last Month's Rent \$ | | | | |
| Rent and Security Deposit checks will be written separately. | | | | | |
| Are pets permitted? (Yes) (No) May be subject to review. Note: | The term "nets" does not include quide or support animals | | | | |
| • • • • • | | | | | |
| Non-refundable Pet Fee \$250.00 per pet Other\$ | Other \$ | | | | |
| | | | | | |
| Is rental insurance required for tenants? (X Yes) (N o) | | | | | |
| | | | | | |
| | | | | | |

Pennsylvania Association of REALTORS®

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1/17; rel. 7/17

| Prev | Employed From | ched onal information is a D FOR MONTHLY or separate mainten ation. itional informatio DRMATION k Name | To/mo. OR \$ To/mo. OR \$ attached EXPENSES nance income need n Amount on is attached | Position Phone /hr., for Phone /hr., for | hh plicant doe | rs. per v | week (o | on ave | erage) erage) Amo | nsider | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|---------|---------|-------------------|---------|-------|
| Prev | Employed From City/State Supervisor Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Proof of income attace Check here if additionally the company of the comp | ched onal information is a D FOR MONTHLY or separate mainten ation. itional informatio DRMATION k Name | /mo. OR \$ To/mo. OR \$ Attached EXPENSES hance income need n Amount On is attached | Position Phone /hr., for Phone /hr., for /hr., for /hr., for /hr., for Account Type | hh plicant doe | rs. per v | week (o | on ave | erage) erage) Amo | nsider | |
| Prev | Employed From City/State Supervisor Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Proof of income attact Check here if addition HER INCOME USEI mony, child support, as for paying this obligation Source Check here if addition KACCOUNT INFO | ched onal information is a D FOR MONTHLY or separate mainten ation. itional informatio | To/mo. OR \$ To/mo. OR \$ attached EXPENSES nance income need n Amount | Position | h | rs. per v | week (d | on ave | erage) | nsider | |
| Prev | Employed From | ched onal information is a D FOR MONTHLY or separate mainten ation. | To/mo. OR \$ To/mo. OR \$ attached EXPENSES nance income need n Amount | Position Phone /hr., for Phone /hr., for | h | rs. per v | week (d | on ave | erage) | nsider | |
| Prev | Employed From | ched onal information is a D FOR MONTHLY or separate mainten ation. | To/mo. OR \$ To/mo. OR \$ attached EXPENSES nance income need n Amount | Position Phone /hr., for Phone /hr., for | h | rs. per v | week (d | on ave | erage) | nsider | |
| Prev | Employed From | ched onal information is a D FOR MONTHLY or separate mainten | To | Position/hr., for | h | rs. per v | week (d | on ave | erage) | | |
| Prev | Employed From | ched onal information is a D FOR MONTHLY | To | Position/hr., for | h | rs. per v | week (d | on ave | erage) | | |
| Prev | Employed From City/State Supervisor Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Proof of income attac Check here if additio | ched onal information is a | To/mo. OR \$ To/mo. OR \$ | Position /hr., for Position Phone Phone | h | rs. per v | week (d | on ave | erage) | | |
| Emp Prev | Employed From City/State Supervisor Gross Income: \$ Vious Employer Employed From City/State Supervisor Gross Income: \$ Proof of income attack | ched | To/mo. OR \$ To/mo. OR \$ | Position /hr., for Position Phone Phone | h | rs. per v | week (d | on ave | erage) | | |
| Emp | Employed From City/State Supervisor Gross Income: \$ vious Employer Employed From City/State Supervisor Gross Income: \$ | | To | Position /hr., for Position Phone Phone | h | rs. per v | week (d | on ave | erage) | | |
| Emţ | Employed From City/State Supervisor Gross Income: \$ vious Employer Employed From City/State | | To | Position /hr., for Position Phone Phone | h | rs. per v | week (d | on ave | erage) | | |
| Emţ | Employed From City/State Supervisor Gross Income: \$ vious Employer Employed From City/State | | To | Position /hr., for Position Phone Phone | h | rs. per v | week (d | on ave | erage) | | |
| Emţ | Employed From City/State Supervisor Gross Income: \$ vious Employer Employed From | | To/mo. OR \$ | Position Phone /hr., for Position | h | rs. per v | week (d | on ave | erage) | | |
| Emţ | Employed From City/State Supervisor Gross Income: \$ vious Employer | · · · · · · · · · · · · · · · · · · · | To/mo. OR \$ | Position Phone //hr., for | h | rs. per v | week (d | on ave | erage) | | |
| Emţ | Employed From City/State Supervisor Gross Income: \$ | · | То | Position Phone | | | | | | | |
| | Employed From City/State Supervisor | · | То | Position Phone | | | | | | | |
| | bloyer Employed From City/State | | То | Position Phone | | | | | | | |
| | oloyer Employed From | · | То | Position | | | | | | | |
| | oloyer | • | | - | | | | | | | |
| | _ | - | | - | | | | | | | |
| _ | | | | | | | | | | | |
| EM | PLOYMENT INFOR | = : | | | | | | | | | |
| F | | dditional informatio | on is attached | | | | | | | | |
| | Name | 3.3141 | | \[\] 18 or older | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | - | ve who will be occupying the second of the s | mg me proj | jeity. | | | | | |
| | | | erty? (Yes) (| | ing the | aerts: | | | | | |
| | Name | | | \square (\square Applicant) | (🗆 С | o-signer | ') | | | | |
| | | | | (Applicant) | (C | o-signer | ·) | | | | |
| | Name | | | (Applicant) | (C | o-signer | " | | | | |
| | | | | (Applicant) | | | | | | | |
| | | | | parate application m | | | | n app | oncant/ | co-sig | gnei |
| (C) | Is Applicant at leas | | | | 4 b - | -1.4 : 1.4 | e | L. | .12 | | |
| | Landlord/Mortgage | Co. Name & Phone | | | | | | | | | |
| | From | To | Rent/Mortg | age \$ | /mo. | (\square | Own) | $(\Box$ | Rent) | ([| Oth |
| | | ZIP | | | | | | | | | |
| | Landiolu/Wortgage | Co. Name & Filone | | | | | | | | | |
| | From | To | Rent/Mortg | age \$ | /mo. | $(\Box$ | Own) | $(\Box$ | Rent) | $(\Box$ | Otl |
| | Present Address & Z | ZIP | | age \$ | | | | | | | |
| (B) | Provide at least two | years of history. Att | tach additional sheets | if more space is needed | d. | | | | | | |
| | How did you hear ab | | | | | | | | | | |
| | Cell Phone | | | Email | | | | | | | |
| | Home Phone | | | Work Phone | | | | | | | |
| | Full Name | | | | | | | | | | |
| | without Landlord's p | prior written permiss | sion. | | | | | | | | |
| | | - | - | Co-signers will not h | have the ri | ght to o | occupy | the l | Propert | y as | a te |
| | | oved and the parties | enter into a lease, ea | ach Co-signer will be | individuall | y respo | nsible | for a | ll of th | ne obl | iga |
| | application is appro | | | ty and will be conside | ered an "A _l | ppncam | . as u | erined | l in thi | s forn | |
| | Each Co-signer mus application is appro | | cation for the Proper | ty and will be conside | 1 44 4 | nnlicant | " as d | C* 1 | | | n. Ii |

Applicant's Initials _____

| | MONTHLY PAYMENTS | | | | | |
|----|-----------------------------------------------------------------------------------------------------------------|-----------------------------|----------|-------------------|----------------|------------------------|
| | Lender Name | Loan Type | | Balance D | | Monthly Payment |
| | | | - 💲 – | | | |
| | | | - \$ - | | | 6 |
| | | | - \$ _ | | | S |
| | ☐ Check here if additional information is attached | | | | | |
| | VEHICLE | | | | | |
| | Include any cars, trucks, vans, motorcycles, trailers, boats Make/Model | Year | | olor | Lice | nse Plate/State |
| | Make/Model | | | | | |
| | | | | | | |
| | | | | | | |
| | ☐ Check here if additional information is attached PETS | | | | | |
| • | Does any Applicant or Occupant own any pets (guide and | d support animals not inclu | uded)? | (□Yes) (□ | 7 No) | |
| | If yes, provide detail below. | support unimas not me. | adea). | | _ 110) | |
| | Pet 1 | Pet 2 | | Pet 3 | | |
| | Type (Cat, Dog, etc.) | | | | | |
| | Breed | | | | | |
| | Age | | | | | |
| | Gender | | | | | |
| | OTHER INFORMATION | | - | | | |
| | (\square Yes) (\square No) Have you ever declared bankrupt | | ? | | | |
| | If yes, list any payments: \$ | | | | | |
| | (☐ Yes) (☐ No) Have you ever defaulted on your (☐ Yes) (☐ No) Have you been evicted or sued fo | | to longo | d property? | | |
| | (Yes) (No) Have you ever refused to pay ren | | to lease | d property: | | |
| | (Yes) (No) Have you ever been convicted of | | or nolo | contendere for | a felony or m | isdemeanor? |
| | (Yes) (No) Since January 1, 1998, Have you | been obligated to pay sup | port un | der any order(s) | of record? If | yes: |
| | County | Domest | ic Relat | ions File or Docl | ket Number: | |
| | Amount | Arc | e you de | elinquent? | am maddana | v. Dlagga avelain anv |
| | "yes" answers provided above: | s, you may not be auton | nancan | y disquaimed ii | om residenc | y. Hease explain any |
| | | | | | | |
| | | | | | | |
| | Check here if additional information is attached | | | | | |
| • | CONDITION OF PROPERTY The Property will be leased in the same condition as it is | chown unless otherwise n | rovided | in the lease | | |
| 0. | APPLICATION FEE | shown unless otherwise p | iovided | in the lease. | | |
| | The Application Fee is NON-REFUNDABLE and wil | ll not be applied toward | s rent o | or other financia | al obligations | should Applicant be |
| | approved, nor refunded if not approved. Applicant a | | | | | |
| | review and/or verification of the information stated in the | | | | | |
| 1. | OBLIGATION TO ENTER INTO LEASE AGREEM | | | | | d 911 41 4 |
| | Upon submission of this Application, Landlord/Broker If this Application is denied by Landlord, the Application | | _ | • | | |
| | Applicant fails to rent the Property, Landlord shall be ent | | | | uns Applica | ation is approved and |
| 2. | CONVICTED SEX OFFENDERS (MEGAN'S LAW) | The to retain the rippines | uon Do, | P = 0.74. | | |
| | The Pennsylvania General Assembly has passed legisl | ation (often referred to a | as "Meg | gan's Law," 42 | Pa.C.S. § 97 | 791 et seq.) providing |
| | for community notification of the presence of certain | | | | | = |
| | municipal police department or the Pennsylvania S | | | | | |
| 2 | particular property, or to check the information on the | - | | _ | ameganslaw | .state.pa.us. |
| ۶. | NOTICE TO PERSONS OFFERING TO SELL OR F (A) Federal and state laws make it illegal for Lan | | | | OR RELIG | ION or RELIGIOUS |
| | CREED, SEX, DISABILITY (physical or menta | | | | | |
| | NATIONAL ORIGIN, USE OR HANDLING/I | | | - | | |
| | TIONSHIP OR ASSOCIATION TO AN INDIV | | | | | - |
| | show, or rent properties, loan money, or set dep | | | - | - | |
| | municipality in which the Property is located ma | | | athor love that | arream de tha | £ |

RALA Page 3 of 4

Applicant's Initials _____

| | nt Name |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | to housing to additional classes of individuals, such as gay, lesbian, bisexual and transgender individuals and couples. Broke and Landlord are advised to check with your local municipality, representative from the Pennsylvania Human Relation Commission, or your own attorney for further guidance. |
| (B) | The Fair Housing Act prohibits rental practices which have a discriminatory effect on members of protected classes, includin |
| | outright bans on offering housing to individuals based on arrests or convictions without a case-by-case assessment of relevant |
| | mitigating factors. Consideration of an applicant's criminal history must be limited to convictions and should include an evaluation of the nature and severity of the offense, the amount of time that has passed since the criminal conduct occurred, an |
| | whether denial of the application will serve a substantial, legitimate, nondiscriminatory interest. Selective use of an applicant |
| | criminal history as a pretext for intentional discrimination based on race, national origin, or other protected characteristics ma |
| | be a violation of the Act, as well. |
| | IR CREDIT REPORTING ACT |
| para | he Landlord or Broker denies your application based in whole or in part on any information contained in the consumer report authorized by agraph 16 of this Application, the Landlord or Broker must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you with oral, written or electronic notice of the denial, and must provide you written or electronic notice of the denial, and must provide you write the provide you with oral provide you with oral provide you written or electronic notice of the denial provide you with oral provide you write you will not have a provide you write you will not have a provide you will |
| | ou: (1) the name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by |
| | agency if the agency compiles and maintains files on consumers on a nationwide basis) that furnished the report, (2) a statement that the |
| | sumer reporting agency did not make the decision to deny the application and is unable to provide you with the specific reasons why you lication was denied, (3) a numerical credit score, the range of possible credit scores under the model used, up to four of the key factors the |
| | to the denial, and the date the credit score was created (4) information about how to obtain a free copy of your consumer report from the |
| | sumer reporting agency, and (5) information about how to dispute the accuracy or completeness of any information in a consumer report |
| | ished by the agency. If the Landlord or Broker denies your application because of information from a person other than a credit reporting |
| | ncy (for example, an employer or prior landlord), the Landlord or Broker must provide you with notice about your right to make a written |
| _ | nest to discover the nature of that information. |
| | The following are part of this Application if checked: |
| (11) | Advanced Payment Addendum (PAR Form APA) |
| | |
| | |
| (B) | Additional Terms: |
| | |
| 16. AU' | THORIZATION |
| Вуі | initialing below, Applicant makes the following authorization(s): |
| | Applicant authorizes Landlord or Broker for Landlord to obtain any information deemed necessary to evaluate the |
| | Application. This information may include, but is not limited to, credit reports, criminal history, judgments of record, rent |
| | history, verification of employment and salary, employment history, vehicle records, and licensing records. Broker for |
| | Landlord may report to Landlord any information obtained by Broker for Landlord for evaluation of the Application |
| | Applicant acknowledges that all information in the Application is true and correct. Applicant acknowledges that if applicant presents false or incomplete information Landlord may reject this Application. Applicant understands that giving false or |
| | incomplete information may result in forfeiture of any payments made in connection with this Rental Application. |
| | Applicant understands and acknowledges that Aplicant's social security number, driver's license number, date of birth, or |
| | other personal identifying information may be required in order for Landlord or Broker for Landlord to evaluate this appli |
| | cation. If requested, Applicant agrees to provide the information on a separate form such as the Social Security Number |
| | Authorization (PAR Form SSA). Failure to provide this information may result in the denial of your application. |
| | Applicant agrees that Broker(s), his/her agent(s) and/or employee(s) may provide Applicant's social security number |
| | individual taxpayer identification number, driver's license information and date of birth to lenders, title agencies, cred |
| | reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determine |
| | ing the existence of domestic liens, or for obtaining a criminal background report (for prospective tenants only |
| | Applicant understands that Brokers have no control over the use of any information after it is disclosed to a thir |
| | party and agrees to release and hold Brokers harmless from any and all liability for any misuse or subsequent disclosure by any third party of the information or reports disclosed by Broker pursuant to the terms of this author |
| | ization. |
| | Applicant authorizes the Broker for Landlord to contact the Applicant directly. |
| | |
| HAVE | READ AND AGREE TO THE PROVISIONS AS STATED. |
| | READ AND AGREE TO THE PROVISIONS AS STATED. CANT SIGNATURE DATE |

| ADDENDUM | _ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Addendum to contract dated between: | |
| | (Sellers) and (Buyers) on property located |
| at | (Buyers) on property located |
| APPLYING FOR AN APARTMENT WITH TARA INC. REQUIRED: | THE FOLLOWING IS |
| A completed rental application from each applicant Photo I.D. from each applicant and co-signer (if applicable A Security Deposit in the amount of month's rent (certified made payable to Tara Inc. | |
| • A \$50.00 application fee per applicant and co-signer (if application fee per applica | plicable) this fee is |
| non-refundable • Proof of current income (W2 or 1040 form and 2 most recent to provide this information, you may show an offer letter from annual salary and start date on company letterhead. • A signed W-9 form provided by Tara Inc. | m your employer with your |
| If a Co-signer is needed, then the co-signer must follow th above in order to be approved. Cats and small dogs (under 40 lbs) are accepted by approval A non-refundable pet deposit of \$250.00 per pet is required All tenants must obtain Renters Insurance and supply Tara insurance policy prior to move-in. | |
| I understand that after completing the application and being occupancy of the apartment, that it will result in forfeiture | |
| I understand that once accepted for an apartment/house by the has been established that the process is final and I will be beginning on that date. | |
| I understand the decision of acceptance or denial of my appli final decision and I agree to waive any claim for damages by which the landlord may give. | |
| I understand that if accepted, I must sign my lease and my firent must be paid within (7) days of acceptance of this appli Failure to do so will result in forfeiture of my security dep | cation without exception. |
| Applicants Credit Check Consent | |
| I/We authorize that the information on my rental application hereby authorize Tara Inc, or its agents, to obtain informati the purpose of processing my application. I understand that such information may include, but not limit report/history, civil or criminal information, records of arr employment/salary details, and/or other necessary and relevan I hereby expressly release Tara Inc, or its agents, and any p | on it seems necessary for ed to, credit est, rental history, t information. |
| information, from any liability what-so-ever in the use, proc | |
| | tials:/ |
| Ini | tials:/ |

SOCIAL SECURITY NUMBER AUTHORIZATION

SSA

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

| 1 | CONSUMER NAME |
|----|----------------------------------------------------------------------------------------------------------------------------------------|
| 2 | CONSUMER ADDRESS |
| | |
| | CONSUMER SOCIAL SECURITY NUMBER |
| 4 | CONSUMER DATE OF BIRTH |
| 5 | BROKER Tara Management Services, Inc. |
| 5 | DROKER lata Management Delvices, inc. |
| 6 | A separate authorization form must be completed for each consumer involved in a real estate transaction. |
| | |
| 7 | I agree that Broker(s), his/her agent(s) and/or employee(s) may provide my social security number to lenders, title agencies, credit |
| 8 | reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining the exist |
| 9 | tence of domestic liens, obtaining a criminal background report (for prospective tenants only), ordering a mortgage payoff or fo |
| 10 | purposes of satisfying requirements of the Patriot Act. |
| 11 | CONSUMER UNDERSTANDS THAT BROKER HAS NO CONTROL OVER THE USE OF ANY INFORMATION AFTER |
| 12 | IT IS DISCLOSED TO A THIRD PARTY. CONSUMER AGREES TO RELEASE AND HOLD BROKER HARMLESS FROM |
| 13 | ANY AND ALL LIABILITY FOR ANY MISUSE OR SUBSEQUENT DISCLOSURE BY ANY THIRD PARTY OF THI |
| 14 | INFORMATION OR REPORTS DISCLOSED BY BROKER PURSUANT TO THE TERMS OF THIS AUTHORIZATION. |
| | |
| 15 | Consumer's signature serves as an acknowledgement of receipt of a copy of this authorization. |
| 16 | CONSUMER DATE |
| | |



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