

Park Capitol Apartments
 215 North Main Street, SLC, Utah 84103
 Ph: (801) 531-7275 Fax: (801) 531-7280

APPLICANT #1 Last Name			First	Middle	BIRTHDATE	DRIVER'S LICENSE # and STATE		Soc. Sec. #		
APPLICANT #2 Last Name			First	Middle	BIRTHDATE	DRIVER'S LICENSE # and STATE		Soc. Sec. #		
Other Persons to occupy rental property	1	FULL NAME		RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER		Total # of occupants:		
	2								Do you have a waterbed? () Yes () No	
	3								Do you have renter's insurance ? () Yes () No	
	4								Company:	
	5								Do you have a pet ? () Yes () No	
	6								Type/weight	
PART 1 RESIDENT HISTORY (2 YEARS)										
APPLICANT #1 Present Address			City	State	Zip	How Long?	() Own () Rent	Phone	Monthly Payment	
						from to			\$	
Name of Present Landlord/Mortgage Co.			City	State	Zip	Day Phone	Night Phone	()	()	
PART 2 PREVIOUS RESIDENCE HISTORY (2 YEARS)										
APPLICANT #1 Previous Address			City	State	Zip	How Long?	() Own () Rent	Phone	Monthly Payment	
						from to			\$	
Name of Present Landlord/Mortgage Co.			City	State	Zip	Day Phone	Night Phone	()	()	
APPLICANT #2 Previous Address			City	State	Zip	How Long?	() Own () Rent	Phone	Monthly Payment	
						from to			\$	
Name of Present Landlord/Mortgage Co.			City	State	Zip	Day Phone	Night Phone	()	()	
PART 3 EMPLOYMENT HISTORY (2 YEARS)										
APPLICANT #1 Employed By			Department	Supervisor's Name/Co.			How Long?			
							from to			
Address			City	State	Zip	Phone	Position Held/Occupation	Monthly Salary		
						()		\$		
APPLICANT #2 Employed By			Department	Zip	Supervisor's Name/Co.			How Long?		
								from to		
Address			City	State	Zip	Phone	Position Held/Occupation	Monthly Salary		
						()		\$		
APPLICANT Employed By			Department	Supervisor's Name/Co.			How Long?			
							from to			
Address			City	State	Zip	Phone	Position Held/Occupation	Monthly Salary		
						()		\$		
ADDITIONAL INCOME: Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.										
Source: Amount of \$ _____ per _____ Source _____										
PART 4 IMPORTANT INFORMATION										
AUTO #1 (Year, Make, Model, Color)			License Plate	State	Payment Made to:			Monthly Payment		
								\$		
AUTO #2 (Year, Make, Model, Color)			License Plate	State	Payment Made to:			Monthly Payment		
								\$		
Name of APPLICANT'S nearest Relative			Relationship	Address		City	State	Zip	Phone	
									()	
Emergency Contact			Relationship	Address		City	State	Zip	Phone	
									()	
Personal Reference			Relationship	Address		City	State	Zip	Phone	
									()	

NON-REFUNDABLE APPLICATION FEE \$35.00 per adult

In compliance with the State and Federal laws, this is to inform you that an investigation involving the statements made on your rental application for residency at the above mentioned apartment community is being initiated.

Have you or any family member or other person planning to reside in our community ever filed bankruptcy?

YES _____ NO _____

Have you or any family member or other person planning to reside in our community ever been indicted or convicted of any felony or misdemeanor offense?

YES _____ NO _____

Have you or any family member or other person planning to reside in our community ever been convicted pled guilty or "No Contest" to a sexual offense?

YES _____ NO _____

HAVE YOU EVER BEEN EVICTED?

YES _____ NO _____

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Somerset Village Apartments to obtain credit reports, character reports, verification of rental history, income history, IRS Income taxes, pension verifications, bank verifications and employment history as necessary to verify all information put forth in the above referenced application for residency. Faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

I/We are aware that an incomplete application causes a delay in processing and may result in denial of this application for tenancy.

In addition, applicant has paid \$_____ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 48 hours of the date of deposit, the \$_____ holding deposit shall be refunded. After that initial 48 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$_____ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

It is acknowledged and agreed that during the tenancy all persons occupying the premises will be legally residing within the United States.

Signed _____ Signed _____ Dated _____
Applicant #1 Applicant #2

Signed _____ Title _____ Dated _____
Agent for Owner

How did you hear about Somerset Village Apartments? _____

I was referred to Somerset Village Apartments by [] Friend [] Resident

If Resident, Name _____ Apt# _____



APPLICATION QUALIFICATION FORM

Several criteria are considered while determining whether to approve a new tenant. Many of these criteria are built into a process. Checks may be made on the prospective tenant's employment or other sources of income, credit history, criminal history, rental history, references, credit sources, banks and other financial institutions, and previous employers. While not all of these are checked on each prospective tenant, you should be prepared to disclose all of the above information and have it checked and verified.

The undersigned prospective tenants certify and warrant that:

1. All of the prospective tenants have verifiable sources of income, verifiable past rental history, and verifiable credit and references, each occupant/tenant/resident is residing in the United States legally, and that the information above is accurate.
2. None of the prospective tenants/occupants (even minors) have ever been evicted from a premises, have a current outstanding judgment, have left a previous landlord owing money, or have left a prior rental premises under threat of eviction.
3. None of the prospective tenants/occupants (even minors) have ever filed for bankruptcy protection whether or not the bankruptcy was discharged or dismissed, have a current pending bankruptcy case, or have met with a bankruptcy attorney in the last two years. If any have filed or met with a bankruptcy attorney, please give details (include date of bankruptcy, attorney name, etc.):

4. None of the above prospective tenants/occupants (even minors) have ever been convicted any crime other than a minor traffic violation, except those disclosed below (include type of criminal act, place of occurrence, date of occurrence, resulting action, and current status (probation, parole, etc.):

5. None of the prospective tenants/occupants (even minors) have ever committed, been indicted, arrested, investigated, or otherwise detained for any criminal act (other than a minor traffic infraction); except those disclosed below (include type of criminal act, place of occurrence, date of occurrence, resulting action, and current status (probation, parole, etc.):

In the event Owner/Landlord proceeds with an application and it is determined that the prospective tenants have been untruthful in any of the above statements, each undersigned prospective tenant agrees to pay to Landlord the actual costs incurred in processing the application and an administrative fee of \$100.00.

The Undersigned represent that all of the above statements are True and Complete and hereby AUTHORIZE VERIFICATION OF SUCH INFORMATION. Authorization is given to contact any REFERENCES, BANK, PRIOR LANDLORDS, PRIOR/CURRENT EMPLOYERS, GOVERNMENTAL AGENCIES, AND FAMILY. Further authority is given to check all CREDIT AND PUBLIC RECORD INFORMATION. Applicants release ALL liability or responsibility, from all person or corporations that request or supply such information. Applicant acknowledges that FALSE information herein will constitute grounds for: (1) Rejection of an application, (2) Termination of resident's right to OCCUPANCY and eviction. False information may also constitute a serious offense under the laws of the state.

Dated this _____

Signature _____ Print Name _____ SS # _____

Signature _____ Print Name _____ SS # _____

Signature _____ Print Name _____ SS # _____



Resident Information

Date: _____

Apartment: _____

Please list the names and cell phone of best contact numbers of everyone residing in your Apartment:

Names:	Cell Phone Number:
_____	_____
_____	_____
_____	_____
_____	_____

Work

Employer:	Work Phone Number:
_____	_____
_____	_____
_____	_____

Email Addresses

Name:	Email Address:
_____	_____
_____	_____
_____	_____

Vehicles

Make:	Model:	Color:
_____	_____	_____
_____	_____	_____

Pet Information

Name:	Circle One:
_____	Dog Cat Other
_____	Dog Cat Other

Emergency Contacts:

Name:	Home Phone:
Relationship:	Work Phone:
Name:	Home Phone:
Relationship:	Work Phone:

Credit Card Express Payment

Park Capitol

Date:	
Apartment#	
Resident Name (as it appears on the card):	
Phone:	
Billing address of card:	
City:	
State/Province:	
Postal Code:	

Circle Card Type:	Visa	MC	AMEX
Credit Card#:			
Expiration Date:			
Amount Due \$			
Credit Card Transaction Fee \$			
Total Charge Amount \$			
For: APP Fee / Deposit / Rent / Other			
Card Holder Signature:			
Park Capitol Representative Initials:			