



Rental Application

Community: _____ Apartment #: _____ Type: _____ Today's Date: _____

Leasing Consultant: _____ Move-In Date: _____

How did you learn of us?									
NAME (First, Middle, Last)			Birthdate / /		Soc. Sec. #: Dr. Lic. #: Foreign Citizen ID#		Home Phone #:		Cell Phone #:
SPOUSE (First, Middle, Last)			Birthdate / /		Soc. Sec. #: Dr. Lic. #: Foreign Citizen ID#		Work Phone #:		E-mail Address:
ADDRESS					<input type="checkbox"/> Own-Mortgage Co.: <input type="checkbox"/> Rent-Owner: Landlord's Phone #:		Monthly Pymt. \$		Date moved-in:
Present:					Street Apt.# City State Zip		Monthly Pymt. \$		Address From/To:
Previous:					Street Apt.# City State Zip		Monthly Pymt. \$		Address From/To:
EMPLOYMENT					Company Address City, State		Monthly Income:		Position
Current:					Company Address City, State		\$		Employed Since
Previous:					Company Address City, State		\$		Employed From/To:
Spouse:					Company Address City, State		\$		Employed Since
REFERENCES					Bank Name Checking Acct. #:		open <input type="checkbox"/> Branch Location City, State		Bank's Phone #:
Bank:					Bank Name Savings Acct. #:		open <input type="checkbox"/> Branch Location City, State		Bank's Phone #:
OTHER INCOME					Type of Other Income: Source: \$		<input type="checkbox"/> Monthly, or <input type="checkbox"/> Annual Income Amt.: \$		<input type="checkbox"/> Monthly, or <input type="checkbox"/> Annual Income Amt.: \$
OTHER OCCUPANTS:					Full Name Birthdate		Full Name Birthdate		Full Name Birthdate
PET (Possession of a pet may require a pet deposit and/or agreement)									
<input type="checkbox"/> No Pet, <input type="checkbox"/> Yes Pet - if yes: How many? Type: Breed: Weight: Color: Age: Name:									
EMERGENCY CONTACT:					Full Name Address City ST Zip		Phone #		Relationship:
PARENTS or CLOSEST RELATIVE:					Full Name Address City ST Zip		Phone #		Relationship:
AUTOMOBILE/S					Year Make Model Color Tag # State		1 st Car		Year Make Model Color Tag # State
MILITARY STATUS (Active Duty Only)					Rank: Monthly Pay: \$		Enlistment Ends (Mo/Day/Yr):		Assigned to Unit:
Unit's Address:					Street/P.O. Box City State Zip		Unit Telephone		
Immediate Non-com: Commanding Officer:					Unless given a permanent change-of-duty (unknown to me at this time), I will be able to fulfill this agreement. I understand that military orders authorizing base housing DO NOT constitute change-of-duty, nor does assignment to a cruise relieve me of this agreement's term. <input type="checkbox"/> YES				

ACKNOWLEDGEMENT

I hereby consent to allow Simpson Property Group, LP, through its designated agents and employees, to obtain and verify the above information including references, credit information and criminal background if required for the purpose of determining whether or not to lease to me an apartment. I understand that Simpson Property Group, LP and its agents shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history. The applicant has paid a non-refundable fee of \$ _____ for the costs and expenses in checking credit and references. Applicant represents that statements made on application are true and complete. Applicant acknowledges that false information will constitute reason for denial of application, termination of right of occupancy and forfeiture of deposits and fees paid.

Applicant has paid \$ _____ earnest money to hold an apartment available from date of application to date of lease initiation. In no event shall period exceed 30 days. If this application is not approved, applicant withdraws application within 72 hours of the date of application, or apartment for any reason is not available for occupancy, \$ _____ of the earnest money will be refunded. After the initial 72-hour period, if applicant cancels the application, refuses to sign the lease or occupy the premises on the agreed date, earnest money is forfeited. Upon occupying the premises, earnest money will be applied to monies owed at the time of move-in, such as apartment deposit, miscellaneous fees, rent, etc.

Simpson Property, LP does business in accordance with the Equal Credit Opportunity Act, which prohibits discrimination against credit applicants on the basis of gender or marital status. Simpson Property, LP follows Fair Housing Laws and does not discriminate based on gender, race, color, religion, national origin, familial status or disability.

Any changes to the above provisions must be made in writing. Any provisions not specifically noted on this application must be in writing.

I HAVE READ AND AGREE TO THE ABOVE PROVISIONS AS STATED.



Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

SUMMARY				VERIFICATION <i>For Office Use Only</i>			
Apartment Deposit Due: \$ _____	Monthly Rent: \$ _____	Non-refundable Fee Due: \$ _____	Pet Rent: \$ _____	Present Address	Not Verified []	Verified []	<input type="checkbox"/> Rental Criteria Sheet Signed Comments: _____ _____ _____ Community Manager's Review: <input type="checkbox"/> Approval Date: _____ <input type="checkbox"/> Denial Date: _____ Reason/s: _____ _____ Community Manager Signature Letter sent to Applicant/s <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other Date Letter Sent: _____
Pet Deposit and/or Fee Due: \$ _____	Garage Rent \$ _____	Application Fee Due: \$ _____	Other: _____: \$ _____	Previous Address	[]	[]	
Other: _____ \$ _____	Total Monthly Rent: \$ _____	Other: _____ \$ _____	Length of Lease: _____	Present Employer	[]	[]	
Prorated Rent Due (____ to ____): \$ _____	Lease Term: From ____ To ____	Other: _____ \$ _____		Previous Employer	[]	[]	
1 st Month's Rent: \$ _____	Date of Application: _____	Other: _____ \$ _____		Spouse's Employer	[]	[]	
TOTAL Monies Due: \$ _____	Concession: _____	Other: _____ \$ _____		Checking Account	[]	[]	
TOTAL Paid with Application: \$ _____		Other: _____ \$ _____		Savings Account	[]	[]	
TOTAL DUE before move-in: \$ _____		Other: _____ \$ _____		Other Income	[]	[]	
				Monthly Income:			
				Applicant	\$ _____		
				Spouse	\$ _____		
				Other Income	\$ _____		
				Total Monthly Income:	\$ _____		
				SafeRent Summary:			