



APPLICATION FOR RENTAL

Agent _____

All information must be filled in completely and legibly in order for the application to be processed. If the information does not apply, please put N/A (not applicable).

Applicant's Last Name	First	Middle Initial	Birthdate	Driver's License Number & State	Social Security Number	Sex
Spouse's Last Name	First	Middle Initial	Birthdate	Driver's License Number & State	Social Security Number	Sex

Expected Move-in Date:	<u>Other Occupants</u>					
	Name	Relationship			Birthdate	Sex
	Name	Relationship			Birthdate	Sex
Apt. # _____	Name	Relationship			Birthdate	Sex

Do you have Pet(s)?	Yes	No	Type(s)	Size(s)
How Many?	<i>(Keeping of Pets requires Management consent, approved Pet Application and payment of required monies.)</i>			

PART I RESIDENCE HISTORY - 2 YEARS					
Present Address	City	State	Zip	Home Phone ()	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Name of Present Landlord or Mortgage Co.		Landlord Phone ()	Landlord Fax ()	How Long?	Monthly Payment <input type="checkbox"/>
Previous Address	City	State	Zip	Home Phone ()	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Name of Previous Landlord or Mortgage Co.		Landlord Phone ()	Landlord Fax ()	How Long?	Monthly Payment <input type="checkbox"/>

PART II EMPLOYMENT HISTORY - CURRENT						
Applicant Employed By	Address		City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name		Employer's Phone ()		Employer's Fax ()
Applicant Employed By (Other Current Employment)	Address		City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name		Employer's Phone ()		Employer's Fax ()
Spouse Employed By	Address		City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name		Employer's Phone ()		Employer's Fax ()
Spouse Employed By (Other Current Employment)	Address		City	State	Zip	How Long?
Position Held/Occupation	Gross Salary \$ _____ per _____	Supervisor's Name		Employer's Phone ()		Employer's Fax ()

ADDITIONAL INCOME (Such as child support, alimony, parental support or annual bonuses/commissions)					
Source: _____	Amount \$ _____	per _____			
Source: _____	Amount \$ _____	per _____			

PART III VEHICLE INFORMATION					
No. of Vehicles on Property	Do you have any recreational or work vehicles, vans, boats or motorcycles? If so specify.				
Auto No. 1 - Year	Make	Model	Color	License Tag No.	State
Auto No. 2 - Year	Make	Model	Color	License Tag No.	State

PART IV EMERGENCY NOTIFICATION			
Emergency Contact	Relationship		Daytime Phone ()
Address	City	State	Zip
			Alternate Phone ()

PART V	
Have you, your spouse, your roommate or any occupant listed ever had a Dispossessory Warrant filed or been evicted from a leased premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explanation: _____	
Have you, your spouse, your roommate or any occupant listed ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state the offense, location, and date of conviction. _____	

PART VI REFERRAL	
I certify that I was referred to this community by: _____	(Please list name of publication, name of company or individual who referred you.)

Applicant hereby authorizes verification of any and all information set forth on this Application, including release of information by any bank or savings and loan, employer, landlord and any Lender. All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Any misrepresentations on this Application will cause the application to be declined.

CREDIT CHECK CHARGE - Applicant has submitted the sum of \$ _____ which is a nonrefundable payment for credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover the cost of processing the application as furnished by applicant. This application must be signed before it can be processed by management.

GOOD FAITH DEPOSIT - I hereby deposit \$ _____ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit can be applied toward payment of my security deposit of \$ _____ when I take possession of the apartment. If for any reason Management decides to decline my application, the Management will refund this good faith deposit to me in full. I understand and agree that I may cancel this application within seventy-two (72) hours of submission of the application and receive a full refund of my good faith deposit. If I cancel after 72 hours, or fail to execute a rental agreement or refuse to occupy the premises on the agreed upon date, I understand all monies will be retained by Management to cover the damages incurred for taking the premises off the market.

Applicant Signature _____ Date _____ Spouse Signature _____ Date _____

RELEASE OF GOOD FAITH DEPOSIT - I authorize Management to release my good faith deposit of \$ _____ on Apartment _____ and apply it towards a security deposit of \$ _____

Applicant Signature _____ Date _____ Spouse Signature _____ Date _____

Received by: _____ Photo ID Verified _____ Date: _____

