

We make you feel at home

(FOR OFFICE USE ONLY)

Today's Date: _____
Apt. Address: _____
Unit Size/Type: _____
Market Rent _____
Utility Fee _____
Washer/Dryer: Y N \$ _____

Rent Concession _____
Lease Term: _____
Move-In Date: _____
App Fee \$ 35.00 (per person)- pd on _____
Admin Fee \$ _____ Pd on _____
Sec Dep. \$ _____ pd on _____

APPLICANT NAME: _____ E-mail _____

Check One: Married() Single() Divorced() Separated() Widowed()

Social Security # _____ Birthdate: _____ Home Phone # _____

Present Address: _____ City: _____ State: _____ ZIP: _____

Check One: Own() Lease() How Long?: _____ Years: _____ Months: _____

If leasing, Apt Community or Property Owner name/address: _____

Phone: _____

Monthly lease payment: \$ _____ Lease expiration date: _____

If buying, Mortgage Company name/address: _____

Monthly Mortgage Payment: \$ _____ Phone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Check One: Own() Lease() How Long?: _____ Years: _____ Months: _____

Apt. Community/Property Owner/Mortgage Co. name/address: _____

Monthly Payment: \$ _____ Phone #: _____

SPOUSE/CO-APPLICANT NAME: _____ Email _____

Check One: Married() Single() Divorced() Separated() Widowed()

Social Security # _____ Birthdate: _____ Home Phone # _____

Present Address: _____ City: _____ State: _____ Zip: _____

Check One: Own() Lease() How Long?: _____ Years: _____ Months: _____

If leasing, Apt Community or Property Owner name/address: _____

Phone: _____

Monthly lease payment: \$ _____ Lease expiration date: _____

If buying, Mortgage Company name/address: _____

Monthly Mortgage Payment: \$ _____ Phone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Check One: Own() Lease() How Long?: _____ Years: _____ Months: _____

Apt. Community/Property Owner/Mortgage Co. name/address: _____

Monthly Payment: \$ _____ Phone #: _____

EMPLOYMENT INFORMATION:

1. APPLICANT:

- a. Employer: _____
- b. Address : _____
- c. Phone#: _____
- d. Position: _____
- e. Gross Monthly Income: _____
- f. Length of employment: _____

2. SPOUSE/CO APPLICANT:

- a. Employer: _____
- b. Address: _____
- c. Phone#: _____
- d. Position: _____
- e. Gross Monthly Income: _____
- f. Length of employment: _____

Source and amount of additional monthly income: _____ \$ _____

If you have been employed at your current job for less than 1 (one) year please list your previous employment information.

- | | |
|--------------------------------|--------------------------------|
| 1. <u>APPLICANT:</u> | 2. <u>SPOUSE/CO-APPLICANT:</u> |
| a. Employer: _____ | a. Employer: _____ |
| b. Phone#: () _____ | b. Phone#: () _____ |
| c. Length of employment: _____ | c. Length of employment: _____ |

Will any additional person(s) reside with you? Yes No

List the Names/Birthdates/Relationship of all persons to occupy the apartment on a permanent Basis: _____

In case of emergency, notify:
Name/Relationship _____ Address: _____ Phone#: _____

Will you be keeping a musical instrument at the apartment? Yes No

If yes, what type of instrument is it? _____

Will you be keeping a waterbed in the apartment? Yes No

Have you ever broken a lease with any Apartment Community? Yes No

Have you ever been evicted? Yes No

Have you ever filed Bankruptcy? Yes No

If yes, give date that it was discharged: _____

Make/Model/Year/Color and License Plate number(s) of all vehicles that the applicant(s) will keep on the property: _____

Do you own any Motorcycles, Boats, RVs or commercial vehicles? Yes No

If so, please specify: _____

(Please be advised that parking of these types of vehicles on the property by residents or their guest is strictly prohibited)

THE APPLICATION MUST BE SIGNED BY ALL ADULTS WHO WILL BE RESPONSIBLE PARTIES ON THE LEASE, AND WHO WILL BE RESIDING IN THE APARTMENT. AN APPLICATION FEE MUST BE PAID, PER APPLICANT, AT THE TIME THE APPLICATION IS SUBMITTED FOR CONSIDERATION. THE APPLICATION FEE(S) ARE NON-REFUNDABLE. FALSIFYING INFORMATION ON THE APPLICATION OR THE TENDERING OF A BAD CHECK WILL RESULT IN IMMEDIATE REJECTION OF THE APPLICATION AND/OR WILL VOID ANY SUBSEQUENT LEASE BETWEEN THE APPLICANT/RESIDENT AND THE PROPERTY OWNER. BY SIGNING THE APPLICATION THE APPLICANT(S) HEREBY AUTHORIZES A CREDIT REPORT(S) TO BE OBTAINED BY THE PROPERTY OWNER OR HIS AGENT(S) THE APPLICANT(S) SIGNATURE ALSO AUTHORIZES CREDIT AGENCY AND/OR EMPLOYER TO RELEASE INFORMATION TO THE PROPERTY OWNER OR HIS AGENT(S) REGARDING ANY ACCOUNTS AND/OR SALARY/EMPLOYMENT INFORMATION REQUESTED. IN CONNECTION WITH THIS APPLICATION AN INVESTIGATION MAY BE MADE OF INFORMATION REGARDING THE APPLICANT(S) CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION WILL BE FURNISHED TO APPLICANT(S) AS TO THE NATURE AND SCOPE OF ANY INVESTIGATION REQUESTED. PAYMENT OF ADMINISTRATIVE FEE AND FULL SECURITY DEPOSIT DUE MUST BE SUBMITTED TO THE RENTAL OFFICE IN THE FORM OF CASHIER'S CHECKS, CERTIFIED CHECKS OR MONEY ORDERS WITHIN 24 HOURS OF APPROVAL OF THE APPLICATION AND IS NON-REFUNDABLE ONCE PAID IF APPLICANT(S) CANCEL FOR ANY REASON, PRIOR TO THE SCHEDULED MOVE-IN DATE **APPLICANT(S) AGREE TO TAKE POSSESSION OF THE APARTMENT ASSIGNED TO THEM BY NO LATER THAN TEN (10) DAYS AFTER THE APPLICATION IS APPROVED UNLESS OTHERWISE DIRECTED BY THE PROPERTY OWNER OR THEIR AGENT(S). CHANGES MADE TO MOVE-IN DATE MAY NULLIFY ANY CONCESSION OFFERED, AND RESIDENT MAY BE REQUIRED TO PAY THE PREVAILING MARKET RENT.**

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL THE REQUIREMENTS AND POLICIES OUTLINED ABOVE.

APPLICANTS SIGNATURE: _____	DATE: _____
CO-APPLICANT SIGNATURE: _____	DATE: _____
CO-SIGNERS SIGNATURE: _____	DATE: _____
MANAGEMENT'S AGENT: _____	DATE: _____

IF YOU HAVE BEEN REFERRED TO US BY A CURRENT RESIDENT OF THIS COMMUNITY, **PLEASE LIST THEIR NAME AND ADDRESS NOW:** _____ FAILURE TO LIST THIS INFORMATION AT THIS TIME RELINQUISHES ANY AND ALL CLAIM FOR REFERRAL REWARDS TO THIS RESIDENT AT A LATER DATE. **NO EXCEPTIONS!**