

COUNTRY CLUB PLACE APARTMENTS

RENTAL APPLICATION

A Co-Applicant must complete a separate Rental Application Form

LEASING AGENT: _____

The undersigned hereby makes an application to rent unit# _____ beginning on _____
At a monthly rental amount of \$ _____.

Type of apartment: _____ **Traffic Source:** _____

PLEASE TELL US ABOUT YOURSELF:

FULL NAME: _____ PHONE # _____

Date of Birth: _____ S.S. # : _____

MARITAL STATUS: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Name of Spouse: _____ S.S. #: _____

Date of Birth: _____

Other Occupants (Give full names, ages, and Relationships to Applicant): _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 5 YEARS:

Current Address: _____

Currently on a lease? Yes _____ No _____ Date Moved In: _____

Reason for leaving: _____

Owner/Landlord: _____ Phone: _____

Previous Address: _____

Move in Date: _____ Move out Date: _____

Reason for leaving: _____

YOUR CURRENT EMPLOYMENT STATUS: Full-Time _____ Part-Time _____ Retired _____ Unemployed _____

Employer: _____ Address: _____

Dates Employed: _____ Title/Position: _____

Supervisor's Name: _____ Phone #: _____

Salary \$ _____ annually

Previous Employer: _____ Address: _____

Dates Employed: _____ Title/Position: _____

Supervisor's Name: _____ Phone #: _____

Salary \$ _____ annually

SPOUSE'S EMPLOYER: _____ Address: _____

Dates Employed: _____ Title/Position: _____

Supervisor's Name: _____ Phone #: _____

Salary \$ _____ annually

HAVE YOU EVER: Filed for Bankruptcy? YES _____ NO _____ Been evicted from tenancy? YES _____ NO _____

DO YOU HAVE A PET? YES _____ NO _____ Type: _____

If there are other sources of income you would like us to consider, please list income source and person (Banker, Employer, etc.) who we need to contact for confirmation. You DO NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source: _____

YOUR DRIVERS LICENSE NUMBER: _____ STATE: _____

YOUR VEHICLE MAKE/MODEL: _____ YEAR: _____ TAG NO./STATE _____

IN CASE OF EMERGENCY NOTIFY: (other than occupants) Name, Full Address, Phone Number: _____

Applicant has submitted the sum of **\$45.00** which is a NONREFUNDABLE payment for a processing charge and credit check. I certify that the information herein is complete, true and correct. You are hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information which you may require to evaluate this application.

I hereby deposit **\$300.00** with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit will be applied towards payment of my Security Deposit of **\$300.00**, which is due in full prior to taking possession of the apartment. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline my application, then Management will refund this good faith deposit to me in full. **I understand I may cancel this application by written or oral notice within 3 DAYS or 72 HOURS and receive a full refund of the good faith deposit.** If I cancel after 3 DAYS or 72 HOURS or fail to execute Management's usual rental agreement or refuse to occupy the premises on the agreed upon date, I understand this deposit will be forfeited. I understand and hereby acknowledge that I have read, fully understand, and agree to the above terms and conditions.

Signature of Applicant: _____ **Date Signed:** _____

Signature of Applicant: _____ **Date Signed:** _____

Agent for Property: _____ **Date Signed:** _____