



DeVille Apartments & Builders Rental Application

Applicant Information

Apartment Applied For:		Apt. #	
Apt. Community Name:		Monthly Rent of Apt:	Proposed Move In Date:
Last Name:		First Name:	Drivers License #:
Date of birth:		SSN:	Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)			E-Mail:
Are you a United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you will be required to provide proof of your country of origin and document your authorization to work and reside in the United States.			

Applicant Current Residency Information

Current address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Monthly mortgage payment or rent: \$	How long at this address?
Reason For Moving:		Present Landlord Name:	Phone #:
Previous address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Monthly mortgage payment or rent: \$	How long at this address?

Applicant Employment Information

Current employer:			
Employer address:			How long at this employment?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	Monthly income:
Previous Employer:		How Long:	Phone #:
Additional Income: (Child Support or Alimony) Source #1:		Amt:\$	Source #2: Amt:\$

Applicant Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Applicant Credit References

Applicants Bank:	Account #:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Applicants Bank:	Account #:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Credit Reference:	Account #	Monthly Payment:		
Credit Reference:	Account #	Monthly Payment:		
Have you ever declared Bankruptcy or Receivership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When:				

Applicant Rental/Criminal History Information

Have you or any occupant listed on this application ever:

Been evicted or been asked to move out? Broken a rental agreement? Been sued for rent? Been sued for property damage?

Been arrested for a felony or misdemeanor as a result of a drug or sex-related crime, crime of violence, domestic dispute, forced entry or theft that was resolved by dismissal or acquittal, conviction, probation, deferred adjudication or court-ordered community supervision?*

**Please indicate below the year, name of the Court, and type of felony or misdemeanor as a result of a drug or sex-related crime, crime of violence, domestic dispute, forced entry or theft including those resolved by dismissal or acquittal, conviction, probation, deferred adjudication or court-ordered community supervision. We may need additional information before accepting you as a resident. (You represent the answer "NO" to any item not checked above.)



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Co-Applicant Information

Last Name:	First Name:	Drivers License #:
Date of birth:	SSN:	Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		E-Mail:
Are you a United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you will be required to provide proof of your country of origin and document your authorization to work and reside in the United States.		

Co-Applicant Current Residency Information

Current address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Monthly mortgage payment or rent: \$	How long at this address?
Reason For Moving:		Present Landlord Name:	Phone #:
Previous address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	Monthly mortgage payment or rent: \$	How long at this address?

Co-Applicant Employment Information

Current employer:			
Employer address:			How long at this employment?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Monthly income:	
Previous Employer:		How Long:	Phone #:
Additional Income: (Child Support or Alimony) Source #1: Amt:\$ Source #2: Amt:\$			

Co-Applicant Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-Applicant Credit References

Applicants Bank:	Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Applicants Bank:	Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Credit Reference:	Account #	Monthly Payment:
Credit Reference:	Account #	Monthly Payment:

Have you ever declared Bankruptcy or Receivership? Yes No If Yes, When:

Co-Applicant Rental/Criminal History Information

Have you or any occupant listed on this application ever:

Been evicted or been asked to move out? Broken a rental agreement? Been sued for rent? Been sued for property damage?

Been arrested for a felony or misdemeanor as a result of a drug or sex-related crime, crime of violence, domestic dispute, forced entry or theft that was resolved by dismissal or acquittal, conviction, probation, deferred adjudication or court-ordered community supervision?*

**Please indicate below the year, name of the Court, and type of felony or misdemeanor as a result of a drug or sex-related crime, crime of violence, domestic dispute, forced entry or theft including those resolved by dismissal or acquittal, conviction, probation, deferred adjudication or court-ordered community supervision. We may need additional information before accepting you as a resident. (You represent the answer "NO" to any item not checked above.)



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Applicant/Co-Applicant Additional Information

Automobile Make:	Model:	Year:	Lic. Plate #:
Automobile Make:	Model:	Year:	Lic. Plate #:
Automobile Make:	Model:	Year:	Lic. Plate #:
Number of Vehicles to be kept on the Property: ___ Passenger Car(s) ___ Motorcycle ___ Camper ___ Motor home			
Number of Pets to be kept at the Property: Dog(s) ___, Breed _____ Cat(s) ___, Breed _____ Other _____			
Total Number of Persons to Occupy this apartment, Please Circle: 1 2 3 4 5 6			
Do you currently Maintain Renters Insurance? _____ If NO, do you plan on acquiring a policy if approved? _____			

Applicant/Co-Applicant Authorization To Verify Information

In compliance with the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq., as amended by the Consumer Credit Reporting Reform Act of 1996 (Public Law 104-208, the Omnibus Consolidated Appropriations Act for the Fiscal Year 1997, Title II, Subtitle D, Chapter 1), this is to inform you that a credit and background investigation, including a criminal investigation, involving the statements made on your rental application for tenancy at the above named apartment, is being initiated. In the event your application is rejected or the terms and conditions of residency are altered due to the results of our investigation, you will be informed, in writing, of the conditions under which it was rejected and your rights accordingly. I/We certify that, to the best of my/our knowledge, all statements are true and complete. I/We further authorize DeVille Apartments & Builders Inc and or its' subsidiaries to obtain credit reports, criminal/character reports, rental history, and employment/income verification, as necessary anytime during the application process, lease term or subsequent holdover lease terms to confirm any information in the above-referenced application or information relative to the applicant(s) occupancy of a DeVille Apartment. In consideration for DeVille Apartments & Builders Inc and or its' subsidiaries holding the above named apartment, I/We will pay a non-refundable Twenty Five and 00/100 Dollar (\$25.00) application fee. In addition to the non-refundable application fee I/We may be asked to pay a Security Deposit. I/We further understand that I/We will be eligible to receive a full refund of the deposit, if such deposit is paid and if I/We withdraw this application within three (3) business days of application, or if my application is rejected due to the results of your investigation. If I/We withdraw this application any time after three (3) business days have expired, I/We will forfeit any refund and be held liable for any term remaining on the "Rental Agreement". I/We understand I/We acquire no occupancy rights in this apartment until I/We make application, and are approved for this Apartment. This deposit may be applied, either as a partial or full deposit, toward rent or any deposits due under the terms and conditions of the Rental Agreement, including but not limited to, the security deposit.

I authorize the verification of the information provided on this form as to my credit, employment and background. I have received a copy of this application.	
Signature of Applicant:	Date:
Signature of Applicant:	Date:
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:
Signature of Co-Applicant:	Date:
Signature of Co-Applicant:	Date:
Signature of Owner/Agent:	Date: