

## GENERAL INFORMATION ON APPLICANT

**RENTAL APPLICATION (Conventional)**

(Each person over 18 and not a dependent must submit a separate application)

<b>To be completed by Owner or Owner's Representative:</b>		
COMMUNITY NAME:		
APT. NO. ASSIGNED:	MOVE-IN DATE:	LEASE TERM:
STREET ADDRESS OF APT.:		
RENTAL RATE OFFERED:		
CONCESSION OFFERED:		
DATE COMPLETED APPLICATION RECEIVED:		
DATE APPLICANT NOTIFIED OF APPROVAL/DENIAL:	PROPERTY REP.:	

<b>APPLICANT INFORMATION</b>			
First Name (Full Legal Name)	Middle Initial	Last Name	Social Security Number
Present Street Address	City	State	Zip
Telephone No.			
Email	Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.	
Have you ever been known under any other names or aliases? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list:			
List States resided in for the past 10 years from this application date:			
List Counties/Parishes resided in for the past 10 years from this application date:			
How did you hear about us? (If Locator Service, please list company and Agent's Name)			

<b>GENERAL INFORMATION ON ADULT DEPENDENT (if applicable)</b>			
First Name (Full Legal Name)	Middle Initial	Last Name	Social Security Number
Present Street Address	City	State	Zip
Telephone No.			
Email	Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.	
List States resided in for the past 10 years from this application date:			
List Counties/Parishes resided in for the past 10 years from this application date:			

<b>EMPLOYMENT HISTORY ON APPLICANT</b>			
Name of Present Employer			
Employer's Street Address	City	State	Zip
Telephone No.			
Email	Position Held with Present Employer	Gross Monthly Income	
Length of Employment	Supervisor's Name	Telephone No.	



*If current employment is less than 6 months, please complete previous employment.*

Name of Previous Employer			
Previous Employer's Street Address	City	State	Zip
			Telephone No.
Email	Position Held with Previous Employer		Gross Monthly Income
Length of Employment	Previous Supervisor's Name		Telephone No.

**CREDIT HISTORY**

Do you have any other non-work income you want considered (alimony, child support, investments)? Yes  No  If Yes, please explain:

Have you or any other prospective residents ever owned a home? Yes  No

**RENTAL AND CRIMINAL HISTORY - List a minimum of 24 months of rental/mortgage history.**

Name of Present Landlord	Monthly Rental Rate	Date Moved In	Date Moved Out
Street Address	City	State	Zip
			Telephone No.
<i>(Landlord immediately prior to the Present Landlord) (If Applicant and Applicant's Spouse are completing this Application, name all Landlords for both parties)</i>			
Name of Previous Landlord	Monthly Rental Rate	Date Moved In	Date Moved Out
Street Address	City	State	Zip
			Telephone No.

*Have you or any other occupants listed on this Application ever:*

been evicted or asked to move out? <input type="checkbox"/> Yes <input type="checkbox"/> No	broken a rental agreement or lease contract? <input type="checkbox"/> Yes <input type="checkbox"/> No
been or are currently delinquent to a previous landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No	
declared bankruptcy? If so, when?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
been convicted for either a felony, a sex-related offense or a misdemeanor? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
received deferred adjudication for either a felony, a sex related offense or a misdemeanor? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
been arrested for any crime which has not been fully adjudicated (by dismissal, acquittal, deferred adjudication or conviction)? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**To be completed by Owner or Owner's Representative:**

COMMUNITY NAME: Arterra Woods	APT. NO. ASSIGNED:	M-IN DATE:	LEASE TERM:
STREET ADDRESS OF APT. NO.			
RENTAL RATE OFFERED:		CONCESSION OFFERED:	
DATE COMPLETED APPLICATION RECEIVED:	DATE APPLICANT NOTIFIED OF APPROVAL/DENIAL:	PROPERTY REP.:	

**OTHER OCCUPANTS** (list all persons not signing this Application who will be listed on the lease)

Name	Social Security Number	Relationship to Applicant	Sex M / F
Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.		
Name	Social Security Number	Relationship to Applicant	Sex M / F
Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.		



Name	Social Security Number	Relationship to Applicant	Sex M / F
Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.		

**ANIMALS**

Do you or any other prospective resident or occupant have an animal? Yes  No  If yes, please list:

Type	Breed	Weight	Color	Age	Name
Type	Breed	Weight	Color	Age	Name

**YOUR VEHICLE(S)** If Applicant will be parking a vehicle on the property, please provide the following information:

Vehicle Type (car, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.
Vehicle Type (car, motorcycle, truck)	Make of Vehicle	Model	Year	State/License Plate No.

**EMERGENCY** In case of emergency, notify (preferably a relative over the age of 18 years):

Name	Relationship	Address
Home Phone No.	Work Phone No.	

In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to: (i) grant to the person designated above access to the Applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of Applicant's property located in the mailbox, storerooms or common areas; and (iii) refund the Applicant's security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

**AUTHORIZATION:** Applicant represents that all of the above information is true and complete and authorizes the verification of same and the performance of a credit check on Applicant as appropriate by all available means. In the event that Applicant provides any false or misleading information in this Application, Owner shall have the right to automatically reject this Application and the Application Deposit and Administrative Fee will be automatically forfeited by the Applicant. Applicant further acknowledges that an investigative consumer report includes information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, of the Application may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's right under The Fair Credit Reporting Act. **Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant's lease (to be executed after Application approval) or for any other permissible purpose.**

**APPLICATION DEPOSIT AND NON-REFUNDABLE FEES:**

Simultaneously with the execution of this Application, Applicant has paid:

Application Deposit (the "Application Deposit")	\$ _____	Check Number _____
Non-Refundable Application Fee	\$ _____	Check Number _____
Administrative Fee (Property Specific)	\$ _____	Check Number _____
Total	\$ _____	

*Applicant acknowledges that Owner's acceptance of Applicant as a resident at the property is conditional upon: (i) Owner's approval of this Application; and (ii) receipt of an executed Apartment Lease Agreement from Applicant. In the event any of these conditions have not been met, Owner shall have no obligation to lease to Applicant.*

*The Application Deposit is not considered a security deposit under this Application or applicable law. The Application Deposit will either be: (i) credited to the required security deposit pursuant to an Apartment Lease Agreement executed by Applicant; (ii) refunded to Applicant as provided herein; or (iii) retained by Owner as liquidated damages as provided herein.*

Application Deposit Credited to Security Deposit

*In the event that this Application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Application Deposit shall be credited towards the security deposit identified in the Lease.*

Application Deposit Refunded and Administrative Fee Returned

*If this Application is denied, the Application Deposit and Administrative Fee will be refunded to Applicant within 30 days of submitting application.*

Application Deposit and Administrative Fee Retained by Owner

*Owner shall be entitled to retain the Application Deposit and Administrative Fee as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing this Application; or (ii) the Application is accepted, but Applicant does not sign an Apartment Lease Agreement as and when required by*



Owner; or (iii) if the Applicant has provided false or misleading information within this Application. For the purposes of this provision, if the Applicant is required to pay an additional Application Deposit in order to qualify for occupancy, the Application shall be deemed conditionally accepted prior to the payment of such additional Application Deposit and the failure to pay the additional Application Deposit will entitle Owner to retain the originally paid Application Deposit, even if the Application is subsequently rejected by the Applicant's failure to pay the required additional Application Deposit.

Dated effective on the date Owner or Owner's representative has received a completed Application from Applicant, as indicated above.

**OWNER: Arterra Woods**

**APPLICANT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

