

CENTERPOINTE APARTMENTS RENTAL APPLICATION

DATE APPLICANT CALLED ___/___/___ APPROVED ___ DENIED ___ PHONE _____

UNIT TYPE ___ APT. # _____ ADDRESS _____

RENT RATE \$ _____ DEPOSIT \$ _____ APP. FEE \$ _____ LEASE TERM _____ STARTING _____

APARTMENT OCCUPANTS

NAME (HEAD OF HOUSEHOLD)	BIRTH DATE	SOCIAL SECURITY #	SINGLE DIVORCED	MARRIED WIDOW(ED)
NAME	BIRTH DATE	SOCIAL SECURITY #	SINGLE DIVORCED	MARRIED WIDOW(ED)
NAME	BIRTH DATE	SOCIAL SECURITY #	SPOUSE ROOMMATE	CHILD
NAME	BIRTH DATE	SOCIAL SECURITY #	SPOUSE ROOMMATE	CHILD

EMPLOYMENT

PRESENT EMPLOYER	TITLE	ADDRESS	START DATE	SUPERVISOR	MO. SALARY	PHONE #
PREVIOUS EMPLOYER	TITLE	ADDRESS	START DATE	SUPERVISOR	MO. SALARY	PHONE #
OTHER EMPLOYMENT	TITLE	ADDRESS	START DATE	SUPERVISOR	MO. SALARY	PHONE #

TOTAL ANNUAL INCOME OF HOUSEHOLD:

___ UNDER \$10,000 ___ \$10,000 - \$12,499 ___ \$12,500 - \$14,999 ___ \$15,000 - \$17,499 ___ \$17,500 - \$19,999
___ \$20,000 - \$29,999 ___ \$30,000 - \$40,000 ___ OVER \$40,000

PRESENT ADDRESS

STREET	APT#	CITY/STATE	ZIP	HOME PHONE#	DATES OF RESIDENCY
OWNER/MANAGER NAME	PHONE #				

PREVIOUS ADDRESS

STREET	APT#	CITY/STATE	ZIP	MANAGER/OWNER NAME & #	DATES OF RESIDENCY
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NEAREST RELATIVE

NAME	ADDRESS	CITY/STATE	ZIP	PHONE #	RELATIONSHIP
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EMERGENCY CONTACT

NAME	ADDRESS	CITY/STATE	ZIP	PHONE #	RELATIONSHIP
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AUTOMOBILES

YEAR	MAKE	MODEL	LICENSE PLATE #	STATE	YEAR	MAKE	MODEL	LICENSE PLATE #	STATE
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DRIVER'S LICENSE # AND STATE (HEAD OF HOUSEHOLD)

OTHER OCCUPANTS' DRIVER'S LICENSE # AND STATE

I HEARD ABOUT CENTERPOINTE FROM (PLEASE CHECK ONE)

NEWSPAPER ___ DRIVE-BY ___ FOR RENT MAGAZINE ___ APT. SHOPPER'S GUIDE ___ INTERNET ___ OTHER ___
REFERRAL AGENCY (SPECIFY) _____ RESIDENT REFERRAL (NAME) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- DO YOU REQUIRE ANY SPECIAL ACCOMODATIONS? _____ IF SO, WHAT TYPE? _____
- DO YOU OWN AN ANIMAL? _____ IF YES, WHAT TYPE? _____ IS IT A GUIDE OR SERVICE ANIMAL? _____ WEIGHT: _____
- HAVE YOU EVER BEEN EVICTED FROM A PLACE OF RENTAL? _____ IF YES, WHEN? _____
- DO YOU OWE ANY UNPAID RENT? _____ IF YES, HOW MUCH? _____
- HAVE YOU EVER VIOLATED A LEASE, RENTAL AGREEMENT, OR REGULATIONS AT A FORMER PLACE OF RENT? _____
- HAVE YOU EVER BEEN CHARGED WITH A MISUSE OR ABUSE TO ANY RENTAL PROPERTY? _____
- HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MOTOR VEHICLE VIOLATION? _____ IF YES, PLEASE EXPLAIN: _____

NOTICE TO POTENTIAL RESIDENT: ANYONE ON THE APPLICATION WHO IS 18 YEARS OR OLDER MUST ALSO BE ON THE LEASE.

ANY PERSON ON THE LEASE (INCLUDING CO-SIGNER) MUST SIGN THE LEASE AT THE TIME OF MOVE-IN OR BEFORE. THERE CAN BE NO EXCEPTIONS, AND NO KEYS WILL BE GIVEN OUT WITHOUT ALL SIGNATURES.

ALL INFORMATION RELATING TO THE APPROVAL PROCEDURES MUST BE TURNED OVER TO THE OFFICE WITHIN 24 HOURS AFTER PLACING A DEPOSIT ON AN APARTMENT

THE UNDERSIGNED REPRESENT THAT THE ABOVE STATEMENTS ARE TRUE, AND AUTHORIZE VERIFICATION OF INFORMATION GIVEN. RECEIPT OF A NON-REFUNDABLE APPLICATION/REFERENCE FEE OF \$25.00 PER ADULT, OR \$40.00 PER MARRIED COUPLE IS ACKNOWLEDGED. THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE IN PROCESSING YOUR APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED.

IT IS UNDERSTOOD THAT THE AMOUNT OF DEPOSIT TO RENT **\$199.00** WILL BE CREDITED TO THE SECURITY DEPOSIT. (UPON MOVE-OUT, A \$60.00 CARPET CLEANING FEE WILL BE DEDUCTED. THIS DEPOSIT IS NON-REFUNDABLE IF LEASE IS NOT ENTERED INTO UPON AGREED DATE. DEPOSIT IS REFUNDABLE ONLY IF APPLICANT IS DENIED RESIDENCY BY CENTERPOINTE.

_____ (INITIALS)

RENT TO BE PAID ON ____/____/____

RENT TO BE RECEIVED BY CENTERPOINTE ON ____/____/____

IF RENT IS NOT RECEIVED BY CENTERPOINTE ON OR BEFORE ABOVE DATE. THE SECURITY DEPOSIT AND ANY RIGHT TO APARTMENT WILL BE FORFEITED TO CENTERPOINTE.

LEASE TO BE SIGNED ON SCHEDULED MOVE-IN DATE OF ____/____/____

APARTMENT KEYS WILL BE GIVEN TO RESIDENT AFTER FULL RENT AMOUNT IS PAID AND LEASE IS SIGNED BY ALL PARTIES.

PRO-RATED AMOUNT DUE IS \$ _____ ADDRESS _____
(CASHIER'S CHECK OR MONEY ORDER ONLY)

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

LEASING AGENT _____ DATE _____

OFFICE USE ONLY

RENTAL REFERENCE

SPOKE TO: _____ PHONE#: _____ RENT AMTS _____

IS/WAS RENT PAID PROMPTLY: _____ PERIOD OF TENANCY: _____ TO _____

HAS LEASE EXPIRED: _____ IF NOT, WHEN: _____ WAS PROPER NOTICE GIVEN: _____

N.S.F. CHECKS? _____ ARE THEY RECOMMENDED _____ REFUNDING DEPOSIT? _____

ANY NOISE OR NUISANCE COMPLAINTS? _____ DAMAGE TO UNIT? _____ MONEY OWED? _____

COMMENTS _____

EMPLOYMENT VERIFICATION

SPOKE TO: _____ PHONE #: _____ SALARY: \$ _____

LENGTH OF EMPLOYMENT: _____ TO _____ IS SALARY 3 TIMES THE RENT AMOUNT: _____

COMMENTS: _____

VERIFIED BY: _____ DATE: _____

MANAGER APPROVAL: _____ DATE: _____