

Leasing Application

“All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap/disability, national origin, or source of income.”

For Office Use Only

Leasing Agent:	Desired Apt. #:	Style or Type:	Rent Amount:
Desired Move-in Date:		Lease Term:	Deposit:
Type of Picture ID Verified:		State Issued By:	ID#:
Expiration Date:	Date Received:	Time Received:	Initials:
Date App. Sent for Screening:		Date Accepted or Denied:	Date Letter Mailed:
If Appeal Requested, Date Set::		Date Set for Move-in:	

Household Information – Please print clearly in ink

If Co-tenants, please complete separate applications. List all household members that are applying to live in this apartment with you (include yourself).

Name (First, Middle Initial, Last)	Relation to Head of Household	M/F	Social Security Number	Birthdate	Driver's License # & State Issued

Rental History – List the past three consecutive years beginning with your current landlord first.

Landlord's Name/Address	Your Address	Own/Rent	Dates
1. Name		Own <input type="checkbox"/>	From
Address	(Current Landlord)	Rent <input type="checkbox"/>	To
Phone	()	Monthly Pmt	
	Contact phone()	E-mail address	
Landlord's Name/Address	Your Address	Own/Rent	Dates
2. Name		Own <input type="checkbox"/>	From
Address		Rent <input type="checkbox"/>	To
Phone	()	Monthly Pmt	
	Reason for moving		
Landlord's Name/Address	Your Address	Own/Rent	Dates
3. Name		Own <input type="checkbox"/>	From
Address		Rent <input type="checkbox"/>	To
Phone	()	Monthly Pmt	
	Reason for moving		



Yes **No** **Please answer the following questions considering each person listed on the application.**

Have you or anyone else listed on this application who is 18 or older ever lived in another state?

If you answered yes above, give the complete address, (street, city, state, zip & county), in each state where you lived. If there is more than one person who lived in other states, list each person and their address information as requested. If additional space is needed, attach a separate sheet of paper.

	1. Name & Out of State Info	2. Name & Out of State Info	3. Name & Out of State Info
Name			
Street Address			
City, State, Zip			
County			

Vehicle Identification Information

List the following information for all vehicles owned or operated by any person listed on this application.

Tag/License Plate #	State Registered	Vehicle Type	Year	Make	Model	Color

Employment History

Present Employer's Name/Address Check if Self Employed

Name				Position/Title		
Address				Start Date	End Date	
				Salary	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Phone ()	Fax #	()		Supervisor		

Previous Employer's Name/Address Check if Self Employed

Name				Position/Title		
Address				Start Date	End Date	
				Salary	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Phone ()	Fax #	()		Supervisor		

Previous Employer's Name/Address Check if Self Employed

Name				Position/Title		
Address				Start Date	End Date	
				Salary	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Phone ()	Fax #	()		Supervisor		

Spouse/Co-head Present Employer's Name/Address Check if Self Employed

Name				Position/Title		
Address				Start Date	End Date	
				Salary	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Phone ()	Fax #	()		Supervisor		

Spouse/Co-head Previous Employer's Name/Address Check if Self Employed

Name				Position/Title		
Address				Start Date	End Date	
				Salary	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Phone ()	Fax #	()		Supervisor		

Spouse/Co-head Previous Employer's Name/Address Check if Self Employed

Name				Position/Title		
Address				Start Date	End Date	
				Salary	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Phone ()	Fax #	()		Supervisor		

Yes	No	Please answer the following questions considering each person listed on the application.	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any additional income sources you would like to disclose in order to have it counted toward your total household income? (e.g. retirement, social security, pension, alimony, etc.) If yes, please list below:	
		Household Member	Source of Income

Personal References - List two (2) personal references other than relatives

1. Name		Relationship	
Address			
Phone	()	Years Known	
2. Name		Relationship	
Address			
Phone	()	Years Known	

Miscellaneous Information

Yes	No	Please answer the following questions considering each person listed on the application.	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or anticipate having any pets?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application filed for bankruptcy past or present?	
		If yes, where? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application been INVOLVED IN or CHARGED WITH any of the following? Check all that apply	
		<input type="checkbox"/>	a felony?
		<input type="checkbox"/>	any illegal drug activity?
		<input type="checkbox"/>	property damage?
		<input type="checkbox"/>	any crimes of physical violence to persons or property or any other criminal act that will affect the health, safety or welfare of the other residents?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application been evicted from a rental unit of any type?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application ever left an apartment owing money?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application used another social security number?	
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any waterbeds?	

How did you hear about our community? _____

Emergency Contact - List someone in the area that is not already on the application

Name		Phone		Relationship	
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Signature Clause

I/we certify that to the best of my/our knowledge all statements are true and correct. I/we further authorize the release of any information needed to verify all information put forth in this application, to include but not limited to credit reports, character reports, criminal reports, rental history, employment history, etc. I/we agree that a photocopy of this authorization may be accepted with the same authority as the original. I/we understand that providing false information or making false statements may be grounds for denial of my/our application. I/we understand that my/our occupancy is contingent on meeting management's resident selection criteria requirements. Any paid deposit will be refundable within 72 hours of the date of this application should applicant cancel.

All ADULT applicants must sign below:

_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date