

APPLICATION FOR RENTAL

For Office Use Only	
Date: _____	Apt. # _____
Rent: _____	Deposit: _____
Agent: _____	

Notice: Co-Applicant must fill out a separate Application For Rental Form.

Please complete all requested information on the front and back of this form. Thank you for your interest in our community!

PLEASE TELL US ABOUT YOURSELF

FULL NAME: _____ Phone: (____) _____

Date of Birth: _____ Social Security # _____ Driver's License # / State: _____

CO-APPLICANT'S FULL NAME: _____ Date of Birth: _____

Date of Birth: _____ Social Security # _____ Driver's License # / State: _____

Full Name of Other Occupants:	Relationship To You:	Date Of Birth:

Do You or Other Occupant Own Any Pets? _____ How Many Pets: _____
Kind, Breed, Weight and Age(s): _____

How Did You Hear About Our Community? _____

E-Mail Address: _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Recent)

CURRENT ADDRESS: _____

Month & Year Moved In: _____ Reason for Leaving: _____

Owner / Agent: _____ Phone: (____) _____ Monthly Payment: \$ _____

PREVIOUS ADDRESS (If within 3 years): _____

Month & Year Moved In: _____ Moved Out: _____ Reason for Leaving: _____

Owner / Agent: _____ Phone: (____) _____ Monthly Payment: \$ _____

PREVIOUS ADDRESS (If within 3 years): _____

Month & Year Moved In: _____ Moved Out: _____ Reason for Leaving: _____

Owner / Agent: _____ Phone: (____) _____ Monthly Payment: \$ _____

HAVE YOU OR A CO-OCCUPANT EVER:

Been evicted or asked to move out? Yes No Broken a Lease Agreement? Yes No

Been sued for non-payment of rent? Yes No Been sued for Apt. damages? Yes No

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired

CURRENT EMPLOYER (Or Most Recent): _____

Address: _____ Phone: (____) _____

Date(s) Employed: From _____ To _____ Position: _____

Supervisor: _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYER: _____

Address: _____ Phone: (____) _____

Date(s) Employed: From _____ To _____ Position: _____

Supervisor: _____ Gross Monthly Salary \$ _____

If there is other sources of income you would like to be considered, please list the amount, source and person we can contact for confirmation. You do NOT have to reveal alimony or child support unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Phone (____) _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

Your Banks:	City/State/Branch:	Account # & Type	Telephone
1			
2			
Your Credit References	City/State	Account #	Telephone
1			
2			
3			

PLEASE LIST YOUR VEHICLES (Including Company Vehicles)

Make and Model: _____ Year: _____ Color: _____ Tag # / State: _____
 Make and Model: _____ Year: _____ Color: _____ Tag # / State: _____
 Other Car, Motorcycle, etc.: _____

PLEASE LIST YOUR EMERGENCY CONTACTS (Who should we notify in case of emergency?)

Name: _____ Relationship: _____
 Address: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

PLEASE LIST YOUR CONTACT NUMBERS (Should we have any questions or need additional information)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

PLEASE READ CAREFULLY AND SIGN BELOW

Applicant hereby authorizes verification of any and all information set forth on this Application For Rental, including release by any bank or savings and loan, employer (present and former) and any lender. All information hereon and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT ALL THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this Application will constitute a default under the Lease or Rental Agreement between the parties.

CREDIT CHECK CHARGE - Applicant has submitted the sum of \$ 50.00 which is nonrefundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount, in the event this Application is approved or disapproved, this sum will be retained by Management to cover the cost of processing Application as furnished by Applicant. This Application must be signed before it can be processed by Management.

GOOD FAITH DEPOSIT - I hereby deposit \$ 350.00 with Management as a good faith deposit in connection with this Rental Application. If my application is approved, I understand that this deposit can be applied toward my Security Deposit of \$ 200.00 when I take possession of the apartment. If for any reason that Management disapproves my application, The Management will refund this good faith deposit to me in full. I understand that I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit within 30 days of the cancellation. If I should cancel after 72 hours or refuse to occupy the premises on the agreed upon date, I understand this good faith deposit will be retained by Management and applied to rent loss due to my cancellation.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

DATE APPLICATION RECEIVED _____ RECEIVED BY: _____

Reference Verification	Remarks
Present Landlord	
Previous Landlord	
Present Employer	
Previous Employer	
Co-Applicant Employer	
Bank	
Credit (1)	
Credit (2)	
Credit (3)	
Other	

Record Of Payments Received		
Date	Description	Amount
		\$
		\$
		\$
		\$