

Community _____

APPLICATION FOR RENTAL

Expected Move-In Date: _____

Building: _____ Apt: _____

Applicant: _____
Last Name First Middle
Driver's License No. _____
& State: _____
Birth Date: _____
Social Security No: _____
Email Address: _____

Co-Applicant: _____
Last Name First Middle
Driver's License No. _____
& State: _____
Birth Date: _____
Social Security No: _____
Email Address: _____

Other Occupant: _____
Relationship: _____ Birth Date: _____

Other Occupant: _____
Relationship: _____ Birth Date: _____

Keeping of pets requires a Pet Deposit and Owner's Consent

Pets: Yes No How Many? _____

Type(s): _____

Height/Weight: _____

Part I

RESIDENCE HISTORY

Present Address: _____
City: _____ State: _____ Zip: _____
Landlord/Mortgage Co: _____
Monthly Pmt: \$ _____

Rent
 Own How Long: _____
Phone No: (____) _____
Phone No: (____) _____

Previous Address: _____
City: _____ State: _____ Zip: _____
Landlord/Mortgage Co: _____
Monthly Pmt: \$ _____

Rent
 Own How Long: _____
Phone No: (____) _____
Phone No: (____) _____

Part II

EMPLOYMENT HISTORY

Applicant's How Long: _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No: (____) _____
Position: _____ **Salary:** \$ _____ per _____
 Supervisor: _____

Co-Applicant's How Long: _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No: (____) _____
Position: _____ **Salary:** \$ _____ per _____
 Supervisor: _____

Applicant's Previous How Long: _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No: (____) _____
Position: _____ **Salary:** \$ _____ per _____
 Supervisor: _____

Co-Applicant's Previous How Long: _____
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No: (____) _____
Position: _____ **Salary:** \$ _____ per _____
 Supervisor: _____

Part III

CREDIT HISTORY & LOAN REFERENCES

No. of Vehicles on Property: _____ Specify any recreational vehicles - vans, boats, motorcycles, etc.: _____
Recreational Vehicles May Not Be Allowed.

Auto No. 1
 Make/Model: _____ License No: _____
 Financed Through: _____
 Monthly Pmt: \$ _____ Acct. No: _____

Auto No. 2
 Make/Model: _____ License No: _____
 Financed Through: _____
 Monthly Pmt: \$ _____ Acct. No: _____

Loans/Charge Accounts (a):
 Owed To: _____ Acct. No: _____
 Address: _____
 Total Debt: \$ _____ Pmts: \$ _____ per _____

Loans/Charge Accounts (b):
 Owed To: _____ Acct. No: _____
 Address: _____
 Total Debt: \$ _____ Pmts: \$ _____ per _____

Loans/Charge Accounts (c):
 Owed To: _____ Acct. No: _____
 Address: _____
 Total Debt: \$ _____ Pmts: \$ _____ per _____

Loans/Charge Accounts (d):
 Owed To: _____ Acct. No: _____
 Address: _____
 Total Debt: \$ _____ Pmts: \$ _____ per _____

Part IV **BANK REFERENCES**

<i>Bank or Savings & Loan Accts. (a):</i> _____ <i>Acct. No:</i> _____ Address: _____	<i>Bank or Savings & Loan Accts. (b):</i> _____ <i>Acct. No:</i> _____ Address: _____
<i>Bank or Savings & Loan Accts. (c):</i> _____ <i>Acct. No:</i> _____ Address: _____	<i>Bank or Savings & Loan Accts. (d):</i> _____ <i>Acct. No:</i> _____ Address: _____

Part V **EMERGENCY CONTACTS**

List person you authorize to take possession of your personal property in case of an emergency:

Contact No. 1: _____ Relationship: _____	Contact No. 2: _____ Relationship: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone No: (____) _____	Phone No: (____) _____

Part VI **CRIMINAL HISTORY**

Have you or your spouse/other occupants ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting in a conviction)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or your spouse/other occupants ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse/other occupants ever been convicted of a crime involving persons or property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or your spouse/other occupants use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your Spouse/other occupants currently engaged in criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or your spouse/other occupants ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE: By signing this application, you declare that all of your responses are true and complete and authorize owner to verify this information. Any false statement on this application can lead to rejection of your application or immediate termination of your lease.

Applicant hereby authorizes verification of any and all information on this Application, including release of information by any bank or savings and loan, employer (present and former) and any lender. All Such information hereon, and released as authorized above, will be kept confidential.

APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this Application will constitute default under the lease or rental agreement between parties.

CREDIT CHECK CHARGE - Applicant has Submitted the sum of \$ _____ which is a non-refundable 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 \$ _____ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit will be applied toward payment of my security deposit of \$ _____ when I take possession of the apartment. If for any reason Management decides to decline my application, Management will refund this good faith deposit to me in full. I understand I may cancel this application by written notice within _____ hours and receive a full refund of this deposit within 30 days of the cancellation. If I cancel after _____ hours or refuse to occupy the premises on the agreed upon date, I Understand this good faith deposit will be held by Management due to my cancellation.

Applicants Signature _____ Date _____ Co-Applicant's Signature _____ Date _____