

APPLICATION FOR RENTAL



Tell Us About Yourself (use additional sheets if necessary)

PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID - Your photo ID must be presented at time of application and again at move-in.

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #		TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS (Required)*	
PRESENT ADDRESS			COUNTY	WORK TELEPHONE #	
CITY	STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #	

LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
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PRESENT ADDRESS IS (Check one): OWNED HOME RENTED HOME RENTED APARTMENT PARENTS' HOME STUDENT HOUSING OTHER:

IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:	REASON FOR LEAVING:

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:	REASON FOR LEAVING:

PREVIOUS ADDRESS IS (Check one): OWNED HOME RENTED HOME RENTED APARTMENT PARENTS' HOME STUDENT HOUSING OTHER:

IF RENTING or OWNED: PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:	REASON FOR LEAVING:

Employment

EMPLOYER (COMPANY NAME)		HOW LONG?	MONTHLY GROSS INCOME
ADDRESS	CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #
OTHER SOURCE(S) OF VERIFIABLE INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES

FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB)

ADDRESS	CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #

Assets (including checking/savings accounts, investment, retirement and pension funds and whole life insurance policies):

ASSET TYPE	FINANCIAL INSTITUTION	ACCT NUMBER	BALANCE	INTEREST
1.				
2.				
3.				

Motor Vehicles (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

Animals (animals require our consent)

TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #
1.				
2.				

Person to Notify in Case of Emergency, Death or Incapacity* (cannot be someone who intends to reside in the premises)

NAME	RELATIONSHIP	PRIMARY TELEPHONE #	ALTERNATE TELEPHONE #
ADDRESS	CITY	STATE	ZIP

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community? Yes No
 If so, identify the person and the type of special assistance required:

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EQUAL HOUSING
OPPORTUNITY

Criminal Background Information

Do you (or any of the potential occupants in the apartment) have charges pending against you (or them) for any criminal offense? Applicant Yes No Occupants Yes No

Have you (or any of the potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of "guilty" or "no contest" to any criminal offense; or had any criminal matter disposed of in a manner other than by acquittal or a finding of "not guilty"? Applicant Yes No Occupants Yes No

If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident occurred:

How did you hear about our community?

- Internet (specify) _____ Billboard
- Rental Publication (specify) _____ Flyer / Direct mail
- Resident Referral (name) _____ Drive-by
- Other (specify) _____

PLEASE READ CAREFULLY AND SIGN BELOW

By signing below Applicant authorizes the Owner/Manager to verify applicant's and all other household members' criminal background, contact current and/or previous landlords, obtain credit, eviction court record and sex offender registration information to verify any or all information provided on this application. Applicant understands that eligibility for housing will be based on applicable income requirements and by Management's selection criteria.

Under penalty of perjury, the applicant represents that all of the above statements are true and complete to the best of their knowledge, and hereby authorizes verification of the above information. In addition to the foregoing, applicant has paid a non-refundable fee for costs and expenses in checking applicant's credit and criminal background. Applicant acknowledges that false, misleading or incomplete information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposits and may constitute an act of fraud under laws of this state.

APPLICATION PROCESSING CHARGE

Applicant has submitted the sum of \$ _____ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between parties that in the event this application for said apartment is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

APARTMENT DEPOSIT/HOLDING FEE

In consideration of owners taking a dwelling unit off the market, applicant will be asked to pay an "Apartment Deposit". Once a rental application is approved, either a signed lease with Security Deposit payment or a Deposit Holding Fee of \$100 will be required within 24 hours to reserve a unit. The Holding Fee will guarantee we will reserve the unit for a period of 3 days. If a Holding Fee was collected, once the lease is entered into, the Holding Fee shall be credited to the required Security Deposit. If applicant fails to sign the lease within 3 days of paying the Holding Fee or refuses to enter into a lease on the agreed upon date for a stated apartment, the "Deposit Holding Fee" shall be forfeited to the Owner to serve as liquidated damages it will suffer by reason of failure to enter into residency.

Keys will be furnished only after lease and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

I have read and agree to the provisions as stated.

Applicant Signature _____

Date _____

Non-Refundable Application Processing Fee required with each Application: \$ _____

Total Holding Deposit (Per Apartment, if any): \$ _____

Holding Deposit amount paid by this applicant: \$ _____

Address of Apartment/Premises being held: _____

OFFICE USE ONLY

Apartment Number _____

Apartment Size/Description _____

Anticipated Move-in Date _____

Lease Start Date _____

Lease End Date _____

Quoted Monthly Apartment Rent _____

Property Staff Initials _____

***Authorization for Providing Access in the Event of Emergency, Death or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.