



**Office Use Only:**

Community: _____	Apt No.: _____	Move-in Date: _____	Term: _____
Monthly Rent: \$ _____	App Fee: \$ _____	Sec Dep: \$ _____	Redec Fee: \$ _____
Concession: \$ _____		Pet Dep: \$ _____	Pet Redec: \$ _____

1. **Applicant:** \_\_\_\_\_  
 Last First MI Birth Date  
 Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Marital Status: \_\_\_\_\_

2. **Spouse:** \_\_\_\_\_  
 Last First MI Birth Date  
 Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

3. **Occupants:** List name, age and relationship of all persons who will occupy the premises. A separate application is required for all occupants 18 years or older, except spouse.

Name	Age	Social Security Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Present Address:** \_\_\_\_\_  
 Street Address City/State/County Zip Code  
 How long (yr/mo)? \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ or, Monthly Mortgage: \$ \_\_\_\_\_  
 Apt Community/Mortgage Co Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
 Street Address City/State/County Zip Code  
 How long (yr/mo)? \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ or, Monthly Mortgage: \$ \_\_\_\_\_  
 Apt Community/Mortgage Co Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

5a. **Applicant Employer:** \_\_\_\_\_ Employer's Phone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Street Address City/State Zip Code

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_  
**Previous Employer:** \_\_\_\_\_ Employer's Phone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Street Address City/State Zip Code

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

5b. **Spouse Employer:** \_\_\_\_\_ Employer's Phone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Street Address City/State Zip Code

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_  
**Previous Employer:** \_\_\_\_\_ Employer's Phone No: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Street Address City/State Zip Code

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

5c. **Other Income:** List additional sources of income; please specify and provide proof of income:  
 (a) \_\_\_\_\_ \$ \_\_\_\_\_  
 (b) \_\_\_\_\_ \$ \_\_\_\_\_

6. **Additional Questions:** Have you or any person who will occupy the premises ever (questions 1-8 must be answered below)
- (a) Broken a rental agreement? .....Yes  No  ; (e) Had judgment filed against you? .....Yes  No  ;  
 (b) Been evicted? .....Yes  No  ; (f) Been sued for non-payment of a debt? .....Yes  No  ;  
 (c) Received a non-renewal notice?.....Yes  No  ; (g) Been convicted of a felony?.....Yes  No  ;  
 (d) Filed for bankruptcy?.....Yes  No  ; (h) Been or currently involved in illegal activity? .....Yes  No  ;

If yes to any question, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. **Vehicles:** List all vehicles, motorcycles, boats and/or RV's that will be parked in the apartment community's lot. Parking is limited and you may be asked to find alternate parking arrangements for certain vehicles.

Make/Model: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ License No: \_\_\_\_\_  
 Make/Model: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ License No: \_\_\_\_\_  
 Make/Model: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ License No: \_\_\_\_\_

8. **Emergency Contacts:** Person(s) to notify and person you authorize to take possession of your personal property in case of emergency:

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

9. **Pets:** Will a pet or an assistive animal of any type live in your apartment? Yes  No . A signed Pet Addendum must be obtained **if community policy permits pets** or the pet is assistive. If yes, please describe:

Type	Name	Weight	Spayed/Neutered	License/Date
_____	_____	_____	_____	_____
Type	Name	Weight	Spayed/Neutered	License/Date

10. **Referral:** How were you referred to our apartment community? \_\_\_\_\_

**REPRESENTATIONS AND UNDERSTANDINGS:**

- Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information furnished herein will constitute grounds for rejection of this application or termination of the Rental Agreement, as a material breach of the Rental Agreement, if discovered subsequent to occupancy. Material falsification is defined as misleading information about the number of occupants, pets, income, social security number, and current employment. Non-curable material falsification includes criminal records, prior eviction records and current criminal activity.
- An Applicant Fee is required for each Applicant 18 years or older (including Spouse), and the fees are non-refundable in all cases.
- Applicant has deposited \$\_\_\_\_\_ in consideration for Landlord to hold the apartment while reviewing this application. The required refundable security deposit may be increased as a result of credit history. **All paperwork must be delivered to Landlord for approval within 72 hours or the security deposit will be forfeited.** If applicant is approved by Landlord and the Rental Agreement is executed, this amount shall be credited to the full required security deposit. All refunds are by check and mailed to prospect within fourteen (14) business days of cancellation. If applicant cancels this application within seventy-two (72) hours of its submission, the amount paid less the application fee is refundable. **If applicant cancels after seventy-two (72) hours after application is submitted, the amount paid is automatically and wholly forfeited.**
- Payment of the Applicant Fees and Deposits must be made by separate money orders or cashier's checks. Payment of the first month's rent also must be made by money order or cashier's check; personal checks may be accepted thereafter.
- Applicant understands that Landlord and Landlord's employees are agents of and represent the Owner. This Application is preliminary only and does not obligate the Owner to execute a lease or deliver possession of the premises.
- Applicant(s) and Co-signer(s) hereby consent to allow Landlord, itself or through its designated agents or employees, to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment to me/us. We also agree and understand that Owner and its agents and employees may obtain additional consumer reports and criminal record reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer-reporting agency that provided such reports. \_\_\_\_\_ **(INITIAL)**

APPLICANT/CO-SIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPLICANT/CO-SIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 LANDLORD: \_\_\_\_\_ DATE: \_\_\_\_\_