

PLEASE PRINT

LEASE/RENTAL APPLICATION

PROJECT NAME:				DATE / /		RENT	
BUILDING/APT. NUMBER		APT./OCCUPANT ACCT. NO.		MOVE-IN DATE / /		LEASE EXPIRATION DATE / /	
APPLICANT NAME	LAST	FIRST	M.I.	BIRTH DATE		SOCIAL SECURITY NUMBER	
CO-APPLICANT NAME	LAST	FIRST	M.I.	TOTAL NUMBER OF PERSONS TO OCCUPY APT.			MOTHER'S MAIDEN NAME
APPLICANT'S DRIVER'S LICENSE NUMBER		AUTO/MOTORCYCLE MAKE		YEAR	COLOR	LICENSE PLATE NO.	
STATE ISSUING DRIVERS LICENSE		AUTO/MOTORCYCLE MAKE		YEAR	COLOR	LICENSE PLATE NO.	
PRESENT ADDRESS			CITY		STATE		ZIP
PRESENT LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY						HOME PHONE	
DO YOU HAVE A LEASE?						WHEN DOES IT EXPIRE?	
PREVIOUS ADDRESS						CITY	
PRESENT LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY						PHONE	

OCCUPATION			
	PRESENT OCCUPATION		PRIOR OCCUPATION
OCCUPATION			
EMPLOYER			
BUSINESS ADDRESS			
CITY AND STATE			
BUSINESS PHONE			
NAME OF SUPERVISOR			
HOW LONG EMPLOYED?			
MONTHLY GROSS PAY			
ADDITIONAL INCOME AMOUNT		SOURCE OF ADDITIONAL INCOME	
\$	PER		

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ BEEN EVICTED FROM ANY TENANCY? _____

HAVE YOU EVER WILLFULLY AND INTENTIONALLY REFUSED TO PAY ANY RENT DUE? _____

DO YOU HAVE ANY LIQUID FURNITURE? _____ INSURANCE CO. NAME _____

DO YOU HAVE ANY PETS? _____ IF SO, WHAT KIND? _____

HOW DID YOU LEARN ABOUT OUR APARTMENT COMMUNITY? _____

CREDIT REFERENCES

NAME _____ ADDRESS _____ CITY _____ ACCT. NO. _____ BAL. _____

NAME _____ ADDRESS _____ CITY _____ ACCT. NO. _____ BAL. _____

BANK REFERENCE _____ CHECKING SAVINGS ACCT. NO. _____
NAME BRANCH ADDRESS

BANK REFERENCE _____ CHECKING SAVINGS ACCT. NO. _____
NAME BRANCH ADDRESS

NAME OF TWO RELATIVES AND ONE FRIEND NOT LIVING WITH APPLICANT

NAME _____ ADDRESS _____ CITY _____ PHONE # _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ CITY _____ PHONE # _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ CITY _____ PHONE # _____ RELATIONSHIP _____

TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

I represent that the statements above are true and correct and hereby authorize verification of same and the solicitation of information concerning me from any source, including credit checking services. Any discrepancies between the information contained herein and the truth as of the date of this application shall, at the Owner or Owner's Agent option, be considered to be a material breach and entitle the Owner or Owner's Agent to all legal remedies, including, but not limited to, the termination of the Lease/Rental Agreement.

In consideration of Owner or Owner's Agent withholding the apartment from the active rental market and processing of this application. I shall pay to the Owner or Owner's Agent the sum of \$ _____. I understand that this payment will be refundable only if I cancel this application in writing within three (3) days hereof. However, in the event that I am approved for occupancy of said apartment, said sum becomes credited toward the deposits/fees required under the Lease/Rental Agreement.

Owner or Owner's agent shall not be liable for any damages beyond the refund of the deposits and rents received if possession of the apartment cannot be delivered at the time herein agreed.

OWNER OR OWNERS AGENT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

RENTAL INFORMATION	AMOUNT	DEPOSIT INFORMATION	AMOUNT	AMOUNTS DUE UPON MOVE IN	
APARTMENT RENT		SECURITY DEPOSIT		TOTAL MONTHLY RENT DUE	
PARKING				TOTAL PRORATE RENT DUET	
FURNITURE		TOTAL DEPOSITS(S)		TOTAL DEPOSIT(S) DUE	
TOTAL MONTHLY RENT	\$				
PRORATED RENT 1 ST MONTH	\$	OTHER FEES	AMOUNT	TOTAL DUE	\$
NO. OF PRORATED DAYS				LESS INITIAL PMT REC'D	RECEIPT NO.
DATE OF PRO-RATE DUE				REMAINING BALANCE DUE UPON MOVE-IN	
					\$

MANAGER'S APPROVAL X _____ DATE _____