



Date: _____
Suite: _____
Lease Date: _____ **Move-in Date:** _____
Reservation Deposit: _____ (applied to total deposit)
Security Deposit Balance: _____
Apt. Rent: _____
Garage Rent: _____ (per spot)
Non-refundable Pet Deposit: _____
Non-refundable App. Fee: _____
Total Monthly Rent: _____

Application for Rental Residency
An Equal Housing Opportunity

Name: _____ DOB: ____ - ____ - ____ Age ____ SS# ____ - ____ - ____

Drivers License # _____ State: _____ Work Phone () ____ - ____

Cell Phone () ____ - ____

Home Phone ____ - ____

Residency Information

Present Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Length of time at this residence: _____ yrs. _____ mos. Present Rent: _____

Do You? Own Rent Other (Please specify) _____

Are you on a lease at this address? _____ Own Home Mortgage payment \$ _____

Landlord: _____ Contact Person: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

If less than three (3) years at present address please give previous address.

Address: _____ City: _____

State: _____ Zip: _____ Tel: (_____) _____

Length of time at this residence: _____ yrs. _____ mos. Previous Rent: _____

Did You? Own Rent Other (Please specify) _____

If you rented, previous landlord info; If you owned, mortgage info. Other please specify.

Landlord, Bank or Organization: _____ Contact Person: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Have you ever been sued for non-payment of rent? Yes No

Have you ever been evicted? Yes No

Have you given notice to your present landlord? Yes No

Do you pay your rent on time? Yes No

Reason for moving? _____

Please list all other occupant(s) to occupy the apartment: (If 18 years or older, they must fill out an application as an applicant)

1) _____ age _____ SS# _____ - _____ - _____

2) _____ age _____ SS# _____ - _____ - _____

Emergency Contact

Person to notify: _____ Phone # (_____) _____

Email: _____ Alternate Phone# (_____) _____

Address: _____ City: _____

State: _____ Zip: _____ Relationship: _____

Employment Information / Income Information

Present Employer:

Full-Time Part-Time Self-employed Retired* Student* Disability* Trust* Other*

Employer: _____ Position: _____ Supervisor: _____

Address: _____ City: _____

State: _____ Zip: _____ Supervisor's Phone: (_____) _____

Current Monthly Income: _____ Time there: _____ yrs. _____ Months

If less than 3 years please provide Previous Employer:

Full-Time Part-Time Self-employed Student Other (see below)

Employer: _____ Position: _____ Supervisor: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Previous Monthly Income: _____ Time there: _____ yrs. _____ Months

***Other Sources of Income: Retired, Student, Disability, or Trust please provide the following, If there are other sources of income you would like us to consider, please provide the income, source and contact for verification. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.**

Monthly Income: _____ Source: _____

Contact: _____ Acct # _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Other _____

Income
Source #1

Banking and Credit References

Bank	Acct Type	Acct #

Please list credit cards, Loans, Leases or similar below

Creditor	Acct Type	Are payments current?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Background Information

Do you have charges pending against you for any criminal offense? Yes No
 Have you ever been convicted of, or pled guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of not guilty? Yes No
 If yes to either of the above questions please give dates and description: _____

Any litigations, evictions, suits, judgments, bankruptcies, foreclosures, repossessions etc? Yes No
 If yes please give details: _____

How did you hear of us _____

Name of referral (if applicable) _____

Do you have any pet(s)? If so what type _____ How many? _____ Dogs under 35 lbs permitted

Automobile: Make _____ Lic. Plate # _____ Color _____ Year _____

LICENSE PLATE NO. REQUIRED UPON APPLICATION

Please read carefully and Sign Below

I / We represent that all of the above statements are true and complete. I / We hereby authorize verification of the above information. I / We acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, may terminate the rights of occupancy under the contemplated lease and/or forfeiture of deposits, and may constitute a criminal offense under the laws of this state. I / We agree to the terms that in consideration for holding said apartment, I / we am/are making a deposit of \$300.00, plus a non-refundable processing charge of \$40.00. Should this application be disqualified by the Landlord, I / we will be eligible to receive a refund in the amount of \$300.00. Landlord may take up to 30 days from date of disqualification to process reimbursement. The non-refundable processing charge is not part of the deposit, and will not be refunded. **I / we understand that applicants have 72 hours from the time the application is processed to provide proper cancellation of the application. Should I / we cancel this application after the initial 72 hour period, I / we will forfeit the \$300 deposit in its entirety.** This application is preliminary only, and does not obligate the owner's or any of the Owner's agents to execute a lease, or deliver possession of the proposed premises.

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED ABOVE: _____ **Date:** _____

Applicant Signature

Approved By: _____ **Date:** _____