

Conditions of Occupancy

Address _____ Apt. # _____ Source of ID. _____
Monthly Rent \$ _____ Security Deposit \$ _____ Lease Term _____ Pro-rated rent \$ _____
Balance of Security Deposit \$ _____ Date Rent Begins _____ Total Due \$ _____
Utilities Paid by Renter: Electric _____ Water _____ Cooking Gas _____
 Heating _____ Gas _____ None _____
Unfurnished _____ Furnished _____ Pets _____ Children _____

Statement of Intent

I hereby deposit with owner/agent, the sum of \$ _____ as partial _____ full _____ security deposit on the above premises pending execution of a lease agreement. I understand that my deposit WILL be applied toward any rent loss, advertising costs, re-rental fees, etc. if I am unable to fulfill the conditions of occupancy **(IF I CHANGE MY MIND, I WILL NOT GET ANY MONEY BACK)**.

I have been shown a copy of the lease agreement and agree to the conditions of occupancy that are enumerated therein and will enter into this lease agreement, if my application is approved by owner/agent. The deposit will be returned promptly by check if this application is not approved providing all the questions are answered correctly and truthfully.

I am not and have not been evicted nor do I have any rental or bad check collections outstanding.

I hereby grant permission to the owner/agent to verify the validity of the application.

A charge of \$ _____ is made for the purpose of verifying the information included on this application. I understand this application fee is not under any circumstances, to be returned to me.

Owner/Agent _____ Applicant _____ Date _____
Total Received _____ Called in to _____ Rental Application Approved _____ Rejected _____

To be Completed by Applicant

Applicants name _____ Date of birth _____ Social Security # _____
Present Address _____ Phone # _____
Present Owner _____ Owner's Phone # _____
Owner's Address _____ Rent Amt. \$ _____ Length of Occupancy _____
Previous Address _____
Previous Owner _____ Owner's Phone # _____
Owner's Address _____ Rent Amt. \$ _____ Length of Occupancy _____
Applicant's Present Employer _____ Supervisor _____
Position _____ Department _____ Telephone # _____ Ext. _____

Present Monthly Income (gross) \$ _____ Length of Employment _____ Full-time/Part-time _____

Previous Employer _____ Telephone # _____ Ext. _____

Position _____ Department _____ Length of Employment _____

Full-time/Part-time

Credit cards: Name _____ Name _____

Bank References: Bank Name _____ Checking Acct. # _____

Bank Name _____ Savings Acct. # _____

Case of Emergency: Name _____ Telephone # _____

Address _____

Name _____ Telephone # _____

Address _____

Spouse Name _____

Marital Status:

Spouse Social Security # _____

Married _____

Date of Birth _____

Single _____

Maiden Name _____

Widowed _____

No. of Children _____

Separated from whom: _____

Boys Ages _____

Divorced from whom: _____

Girls Ages _____