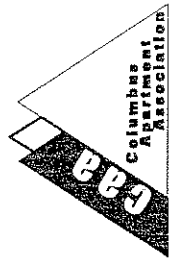


# RENTAL APPLICATION

(Each co-resident must submit separate application)



\_\_\_\_\_ (Community Name)

**DATE**

Unit Address

Unit Type/Style

(When This Form Is Filled Out)

Applicant's full name		Date of Birth		Social Security #	
Single	Married	Widowed	Separated	From Whom	Divorced
Spouse's Name		Date of Birth		Social Security #	
Other Occupants Name		Age	Relationship		
Name		Age	Relationship		
Name		Age	Relationship		
Pet	Type	Size			
<b>RESIDENTIAL HISTORY</b> (Please use a separate sheet of paper if necessary.)					
<b>e-mail address:</b>					
Present Address		Address		Phone #	
City, State, Zip					
Apartment Name/Mortgage Holder		Address		Phone #	
City, State, Zip		Phone #	Move In Date	Move Out Date	
Monthly Payment		Reason For Moving			
Previous Address		Address		Phone #	
City, State, Zip					
Apartment Community/Mortgage Holder		Address		Phone #	
City, State, Zip		Phone #	Move In Date	Move Out Date	
Monthly Payment \$		Reason For Moving			
Have you, or your co-applicant ever been threatened with an eviction from any leased premises?					
If yes, please explain.					
<b>EMPLOYMENT HISTORY</b>					
Present Employer		Position		Phone #	
Business Address		Employed From		To	Supervisor
Approximate Gross Yearly Income \$		Position		Phone #	
Previous Employer		Employed From		To	Supervisor
Business Address		Position		Phone #	
Approximate Gross Yearly Income \$		Employed From		To	Supervisor
Spouse's Employer		Position		Phone #	
Business Address		Employed From		To	Supervisor
Approximate Gross Yearly Income \$		Position		Phone #	
Previous Employer		Employed From		To	Supervisor

**CREDIT REFERENCES**

Bank	Branch
Savings Account #	Checking Account #
Auto Loans: Company Name	Address
Mortgage Account #	Account #
Credit Cards: Company Name	Account #
Company Name	Account #

Have you ever declared bankruptcy? If yes, please give details.

**PERSONAL REFERENCES** (Please list name, and phone number)

1)	4)
2)	5)
3)	6)

In case of emergency, contact	Relationship
	Phone #

**VEHICLE INFORMATION**

Total Number of Vehicles to be Parked At Residency: \_\_\_\_\_

1) Year	Color	Make/Model	License Tag #
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Registered To \_\_\_\_\_

2) Year	Color	Make/Model	License Tag #
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Registered To \_\_\_\_\_

If Guarantor Application, Relationship To Resident \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If Resident Referral, Please Give Name. \_\_\_\_\_

The management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, validate and accuracy of all information recorded above. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information.  
 I/We hereby deposit with owner/agent the sum of \$ \_\_\_\_\_ as a security deposit and \$ \_\_\_\_\_ as a non-refundable screening fee, on the premises listed below. I/We understand that the security deposit will be retained by the management if this application is approved and I am unable to fulfill the conditions of occupancy. I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**OFFICE USE**  
 .....

Driver's License #/State	Spouse Driver's License #/State
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Address	Application Taken By
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Occupancy Date	Rental Amount \$
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Type Apartment	Lease Dates _____ to _____
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Approved	Special Comments
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Declined	Date	By
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