

LEASE/RENTAL APPLICATION

COMMUNITY NAME: _____ APARTMENT NO.: _____ APARTMENT TYPE: _____ DATE: _____
 APT. TO BE RENTED AS OF ___/___/___ ON A _____ MONTH LEASE OR ON A MONTH-TO-MONTH RENTAL

APARTMENT OCCUPANT (ONE APPLICATION FOR EACH APPLICANT 18 YEARS OF AGE OR OVER)

NAME: _____ BIRTH DATE: ___/___/___ SOC. SEC. NO. _____
 DRIVERS LICENSE NO.: _____ STATE: _____ HOME PHONE _____
 PRESENT ADDRESS: _____ CITY _____ ST _____ ZIP _____ HOW LONG _____ MO. RATE \$ _____

CURRENT LANDLORD NAME: _____ PHONE: _____
 STREET ADDRESS: _____ CITY _____ STATE _____
 REASON FOR MOVING: _____

PREVIOUS LANDLORD NAME: _____ PHONE: _____
 STREET ADDRESS: _____ CITY _____ ST _____ ZIP _____ HOW LONG _____ MO. RATE \$ _____

WILL YOU HAVE ANY LIQUID FURNITURE? YES NO DESCRIBE: _____
 HAVE YOU EVER BEEN EVICTED OR DECLARED BANKRUPTCY? YES NO
 HAVE YOU EVER BROKEN A LEASE? YES NO
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN ON BACK OF APPLICATION

OTHER OCCUPANTS: NONE

NAME	RELATIONSHIP	AGE (MUST BE UNDER 18)

PETS: NONE

NAME	AGE	TYPE OF PET	COLOR & DESCRIPTION	CURRENT SIZE	MAX SIZE

EMPLOYMENT:

EMPLOYER NAME: _____ SUPERVISOR: _____ HOW LONG: _____
 ADDRESS: _____ PHONE NO.: _____
 JOB TITLE: _____ FROM _____ TO _____ GROSS INCOME \$ _____
 PREVIOUS EMPLOYER: _____ SUPERVISOR: _____ HOW LONG?: _____
 ADDRESS: _____ PHONE NO.: _____
 JOB TITLE: _____ FROM _____ TO _____ GROSS INCOME \$ _____

FINANCIAL:

NAME OF BANK: _____ ACCOUNT NO.: _____ CHECKING SAVINGS LOAN
 STREET ADDRESS: _____ CITY: _____ STATE: _____
 DO YOU OWN ANY REAL ESTATE? _____ IF YES, IN WHICH COUNTY AND STATE?: _____

AUTO:

YEAR	MAKE	LICENSE NO.	STATE	COLOR

REFEERENCE:

NAME: _____ RELATIONSHIP: _____ PHONE NO.: _____
 STREET ADDRESS: _____ CITY: _____ STATE: _____
 NAME: _____ RELATIONSHIP: _____ PHONE NO.: _____
 STREET ADDRESS: _____ CITY: _____ STATE: _____

IN CASE OF EMERGENCY (OTHER THAN CO-RESIDENTS):

NAME: _____ RELATIONSHIP: _____ PHONE NO.: _____
 STREET ADDRESS: _____ CITY: _____ STATE: _____

LEASE/RENTAL TERMS:

APARTMENT RENTAL: \$ _____	SECURITY DEPOSIT (On Acceptable Credit): \$ _____
STORAGE RENTAL: \$ _____	CREDIT CHECK _____
REFRIGERATOR RENTAL: \$ _____	PROCESSING FEE (Non-Refundable): \$ _____
OTHER RENTAL: \$ _____	APPLICATION DEPOSIT: \$ _____
TOTAL MONTHLY RENTAL: \$ _____	AMOUNT ATTACHED: \$ _____
	BALANCE DUE UPON MOVE-IN: \$ _____

HOW DID YOU HEAR OF US? _____

I hereby make application for occupancy of the described apartment unit on the terms specified and authorize the landlord to investigate said statements. I affirm that the above statements are true and are made to induce the landlord to rent an apartment and authorize landlord to investigate said statements. Any false statements made above shall be sufficient cause to cancel and terminate any agreement with me. All persons and/or firms named above may freely give any requested information concerning me and I hereby waive any right of action for any consequences resulting from such information. THE DEPOSIT MONEY ACCOMPANYING THIS APPLICATION IS TO BE REFUNDED IMMEDIATELY IF APPLICATION IS NOT APPROVED OR IF SAID APPLICATION IS WITHDRAWN WITHIN 3 DAYS OF THE ABOVE DATE. AFTER SAID 3 DAY PERIOD THE DEPOSIT IS NON-REFUNDABLE
 _____ (Initial)

If this application is approved I agree to enter into a Lease/Rental Agreement for the apartment unit, terms and rental as outlined herewith. If I refuse to enter into a Lease/Rental Agreement when offered by the landlord or if occupancy is not taken within 5 days after the beginning of the rental date above the deposit made herewith shall be retained by the landlord as liquidated damages.

At the time the Lease/Rental agreement is executed, the Application Deposit made herewith will be applied to and become a part of the Security Deposit and the first month's rent will become due at that time.

SIGNATURE OF APPLICANT: _____
 APPLICATION TAKEN BY: _____

DATE: _____
 DATE: _____