



APPLICATION FOR RENTAL



Applicant's Last Name		First	Middle Name	Birthdate	Driver's License No. & State	Soc. Sec. No.	FT Student?	
							YES NO	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Spouse's Name		Birthdate	Driver's License No. & State	Soc. Sec. No.	FT Student?		
						YES NO		
	<i>Other Occupants</i>							FT Student?
	Name		Relationship		Birthdate	YES NO		
Expected Move-in Date:	Name		Relationship		Birthdate	YES NO		
	Name		Relationship		Birthdate	YES NO		
Apartment Number	Name		Relationship		Birthdate	YES NO		
	Name		Relationship		Birthdate	YES NO		
Do you have Pet(s)?	How Many?	Type & Size:		(Keeping of Pets requires Management consent and payment of required monies.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Weight/Height:		Description:				

PART I RESIDENCE HISTORY								
Present Address				City	State	Zip	Area Code - Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Name & Address of Present Landlord or Mortgage Co.						Area Code - Phone	How Long? Monthly Pmt. -	
Previous Residence Address			Previous Landlord or Apt. Community			Area Code - Phone	How Long? Monthly Pmt. -	

PART II EMPLOYMENT HISTORY - PAST YEAR							
Applicant Employed By				Supervisor's Name			How Long?
Address	City	State	Zip	Phone	Position Held/Occupation		Gross Annual Salary? \$ _____
Previous Employment				Supervisor's Name			How Long?
Address	City	State	Zip	Phone	Position Held/Occupation		Gross Annual Salary? \$ _____
Spouse Employed By				Supervisor's Name			How Long?
Address	City	State	Zip	Phone	Position Held/Occupation		Gross Annual Salary? \$ _____
Spouse - Previous Employment				Supervisor's Name			How Long?
Address	City	State	Zip	Phone	Position Held/Occupation		Gross Annual Salary? \$ _____

PART III CREDIT AND LOAN REFERENCES							
No. of Vehicles on Property		Do you have any recreational vehicles, vans, boats, motorcycles? If so specify.					
Auto No. 1 - Year	Make	Model	Color	License Tag No.	State		
Auto No. 2 - Year	Make	Model	Color	License Tag No.	State		

PART IV INCOME								
TOTAL ANTICIPATED INCOME FROM DATE OF MOVE-IN THROUGH THE NEXT TWELVE MONTHS								
Bank	_____			Type	_____		Balance	_____
Bank	_____			Type	_____		Balance	_____
A. Annual Income from Applicant's Employment Including Overtime, Commissions, Tips and Bonuses							\$ _____	
Annual Income from Spouse's Employment Including Overtime, Commissions, Tips and Bonuses							+ \$ _____	
B. I (we) hereby state that the combined value of my (our) assets [] does [] does not exceed \$5,000								
TOTAL VALUE OF ASSETS *							\$ _____	
TOTAL ANNUAL INCOME EXPECTED TO BE DERIVED FROM ASSET \$							\$ _____	
C. Income from Sources other than employment Including Unemployment Benefits, Workers Compensation, AFDC/TANF, Interests and/or Dividends								
Social Security, SSI, Pensions, Retirement Funds, etc.							\$ _____	
Alimony/Child Support							\$ _____	
Support From Parents or Relatives							\$ _____	
Other							\$ _____	
TOTAL GROSS INCOME OVER THE NEXT 12 MONTHS							\$ _____	

* Assets include: Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pensions funds, lump sum receipts and personal property held as an investment. Assets DO NOT include: Necessary personal property such as furniture, automobiles and clothing.

PART V								
Family Physician	Address			City	State	Zip	Area Code - Phone	
In Case of Emergency, Call	Relationship	Address			City	State	Zip	Area Code - Phone

PART VI							
Have you, your spouse or any occupant listed ever been evicted from a leased premises?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, explanation: _____							
Have you, your spouse or any occupant listed ever been convicted of a felony?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, state the offense, location, and date of conviction. _____							

PART VII REFERRAL							
I certify that I was referred to this community by: _____							
<i>(Please list name of publication, name of company or individual who referred you.)</i>							

Applicant hereby authorizes verification of any and all information set forth on this Application, including release of information by any bank or savings and loan, employer (present and former) and any Lender. All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this Application will constitute a default under the lease or Rental Agreement between the parties.

CREDIT CHECK CHARGE - Applicant has submitted the sum of \$ _____ which is a nonrefundable payment for credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover the cost of processing application as furnished by applicant. This application must be signed before it can be processed by management.

GOOD FAITH DEPOSIT - I hereby deposit \$ _____ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit can be applied toward payment of my security deposit of \$ _____ when I take possession of the apartment. If for any reason Management decides to decline my application, the Management will refund this good faith deposit to me in full. I understand I may cancel this application by written notice within _____ hours and receive a full refund of this good faith deposit within 30 days of the cancellation. If I cancel after _____ hours or refuse to occupy the premises on the agreed upon date, I understand this good faith deposit will be held until Management can determine if it has incurred any expenses or rent loss due to my cancellation. These costs will be deducted from this good faith deposit and the balance will be refunded to me.

Applicant Signature _____ Date _____ Applicant Signature _____ Date _____

RELEASE OF GOOD FAITH DEPOSIT - I authorize Management to release my good faith deposit of \$ _____ on Apartment _____ and apply it towards a security deposit of \$ _____

Applicant Signature _____ Date _____ Applicant Signature _____ Date _____

APPLICATION VERIFICATION

This page is for office use only.

VERIFIED BY: _____

All information will be checked out thoroughly by completing the form below. The person obtaining the information will initial the "By" column. After the verification is complete, it will be given to the Business Manager for final approval.

PART I REFERENCE CHECK

PAYMENT HISTORY	RENT AMOUNT	LENGTH OCCUPANCY	NOISE COMPLAINTS	NOTICE GIVEN	DEPOSIT REFUNDED	CONDITION	PERSON GIVING INFORMATION	BY
A.								
B.								
C.								

PART II EMPLOYMENT CHECK

LENGTH	ENDING DATE	SALARY	TITLE	FULL TIME	PERMANENT	SPOKE TO	BY
Present:		\$ _____/Hr					
		\$ _____/Mo					
Previous:		\$ _____/Hr					
		\$ _____/Mo					

SPOUSE'S EMPLOYMENT

Present:		\$ _____/Hr					
		\$ _____/Mo					
Previous:		\$ _____/Hr					
		\$ _____/Mo					

ADDITIONAL INCOME

TYPE:	SOURCE:	AMOUNT:	IS IT CONSISTENT?	SPOKE TO:	

PART III CREDIT AND LOAN REFERENCES

BALANCE	HIGH	RATING	PERSON GIVING LOAN INFORMATION	BY
A.				
B.				
C.				
D.				
E.				
F.				
G.				

PART IV BANK REFERENCES

	DATE OPENED	RATING	RANGE	PERSON GIVING INFORMATION	BY
A. CHECKING					
B. SAVINGS					

SUMMARY

APPLICANT'S INCOME: _____ APARTMENT RENT AT TIME OF MOVE IN: \$ _____

OTHER VERIFIED INCOME: _____ Does Applicant Meet Qualifying Income Standards YES NO

TOTAL VERIFIED INCOME: _____ APPLICATION: APPROVED DISAPPROVED

COMMENTS: _____

BY: _____ MANAGER'S APPROVAL: _____

DATE APPLICANT NOTIFIED: _____
(must contact applicant within 3 days of completed application and signed agreement)