

RENTAL APPLICATION

(Applicants are requested to answer all questions fully and clearly - If a question does not apply to you or your other applicants please indicate none or not applicable.)

RESIDENTIAL COMMUNITY _____

APPLICATION DATE _____/_____/_____

APPLICANTS NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____

Last _____ First _____ Middle _____ Month/Day/Year _____

PRESENT ADDRESS _____ CITY _____ STATE/ ZIP _____

PRESENT PH.# (____) _____ IN WHO'S NAME _____

CELL PH.# (____) _____ IS PHONE LISTED? _____ DRIVER'S LICENSE _____
Number _____ State _____

DATE APT. WANTED? _____ SIZE APT. WANTED? _____ LOCATION DISIRED? _____

NUMBER OF PERSONS TO OCCUPY SUITE? _____ WHAT RENTAL RANGE DESIRED? _____ GARAGE/CARPORT DESIRED? (If available) () Yes () No

MARITAL INFORMATION: () SINGLE: () MARRIED: () WIDOWED: () DIVORCED

NAME OF SPOUSE (Or former Spouse) _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____
Last _____ First _____ Middle _____ Month/Day/Year _____

DATE OF MARRIAGE _____ NUMBER OF CHILDREN _____ CHILDREN'S AGES _____, _____, _____, _____
Month/Day/Year _____

(List Full Name, Age and Relationship of all persons, other than applicant who will occupy the premises (including Children Relatives and Other Persons).

NAME _____ AGE _____ RELATIONSHIP _____
Last _____ First _____ Middle _____

NAME _____ AGE _____ RELATIONSHIP _____
Last _____ First _____ Middle _____

NAME _____ AGE _____ RELATIONSHIP _____
Last _____ First _____ Middle _____

NAME _____ AGE _____ RELATIONSHIP _____
Last _____ First _____ Middle _____

RENTAL RECORD – Past 3 Years:
Current Residence – (or most recent permanent residence) ADDRESS _____ OCCUPANCY DATES (From – To) _____
Mo./Yr. – Mo./Yr. RENT \$ _____

LANDORD'S/MGT. CO NAME _____ AGENT'S NAME _____ AGENT PHONE (____) _____

Previous Residence – ADDRESS _____ OCCUPANCY DATES (From – To) _____ RENT \$ _____
Mo./Yr. – Mo./Yr.

LANDLORD'S/MGT. CO. NAME _____ AGENT'S NAME _____ AGENT PHONE (____) _____

Previous Residence – ADDRESS _____ OCCUPANCY DATES (From – To) _____ RENT \$ _____
Mo./Yr. – Mo./Yr.

LANDLORD'S MGT. CO NAME _____ AGENT'S NAME _____ AGENT PHONE (____) _____

Why are you leaving your Present Residence? _____

Have you or your Spouse ever:
A) Been Evicted. A) () Yes () No
B) Broken a Rental Agreement of Lease Contract? B) () Yes () No
C) Been sued for Non-Payment of Rent or Damages to Rental Property? C) () Yes () No
D) Been convicted of a Felony? D) () Yes () No
E) Declared Bankruptcy? E) () Yes () No
(If "Yes" to any of the above, please explain on separate sheet of paper and attach to application)

Do you own a Pet? () Yes () No (If yes, List & Describe Each Pet _____)
INFORMATION – Past 3 Years: (If additional space is needed, use separate sheet of paper and attach to application)

APPLICANT:

Present (or most recent)
Employer _____ Address _____ Phone (____) _____
Division/ _____
Dept. _____ Job Title _____ Employee I.D. No. _____ Employment Dates (from-to) _____
Mo/Yr.-Mo/Yr
() Permanent () Permanent How Many Hours () Temporary: Wages \$ _____ Per () Hr: () Wk: () Yr.
Full Time Part Time Per Wk? _____
Previous Employer _____ Address _____ Phone (____) _____
Division/ Dept _____ Job Title _____ Employee I.D. No. _____ Employment Dates (from-to) _____
Mo/Yr to Mo/Yr
Other Income Source _____ Amount of Income \$ _____ Per () Hr: () Wk: () Yr.

SPOUSE:

Present (or most recent)
Employer _____ Address _____ Phone (____) _____
Division/ _____
Dept. _____ Job Title _____ Employee I. D. No. _____ Employment Dates(from-to) _____
Mo/Yr – Mo/Yr
() Permanent () Permanent How Many Hours () Temporary Wages \$ _____ Per () Hr: () Wk: () Mo: () Yr:
Full Time Part Time Per Wk? _____
Previous Employer _____ Address _____ Phone (____) _____
Division/ Dept. _____ Job Title _____ Employee I. D. No. _____ Employment Dates (from-to) _____
Mo/Yr – Mo/Yr
() Permanent () Permanent How Many Hours () Temporary Wages \$ _____ Per () Hr: () Wk: () Mo: () Yr:
Full Time: Part Time Per Wk? _____
Other Income Source _____ Amount Of Income \$ _____ Per () Hr: () Wk: () Mo: () Yr:

EMERGENCY INFORMATION:

In case of Emergency, please notify:
NAME _____ RELATIONSHIP _____ PHONE (____) _____
Last First Middle
ADDRESS _____ STATE/ZIP _____
In case of Resident’s Death or Serious Illness, is the above person authorized to enter the apartment and remove all contents? () Yes () No
In the event of Serious Illness, please contact the following Physician:
NAME _____ PHONE (____) _____
ADDRESS _____ STATE/ZIP _____
My nearest Next of Kin is:
NAME _____ RELATIONSHIP _____ PHONE (____) _____
Last First Middle
ADDRESS _____ STATE/ZIP _____

PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned represent that all of the above statements are true and complete and hereby authorize verification of such information through credit bureau service or otherwise and to check credit, criminal background, employment, references, organizations or persons to obtain any information pertaining to this application. If accepted, undersigned agrees to execute upon presentation, management’s standard lease form upon the terms and conditions therein contained. False or incomplete information given shall be grounds for Management’s rejection of this application or termination of applicant’s lease and right of occupancy, upon discovery of such false statement, if a lease has been entered into with the undersigned.

Signature of Spouse _____ Date _____ Signature of Applicant _____ Date _____

LEASING STANDARDS

APARTMENTS

DATE OF OCCUPANCY (MOVE-IN DATE): _____

TERM OF LEASE: _____

APARTMENT TYPE: _____

TOTAL NUMBER OF OCCUPANTS: _____

APPLICATION FEE: \$ _____

SECURITY DEPOSIT: \$ _____

PET FEE: \$ _____

TYPE OF PET: _____ WEIGHT: _____

LEASING STANDARDS

1. All members of the household 18 yrs. of age or older must submit application and be a party of the lease.
2. A valid photo I.D. is required to view or lease an apartment and must not be expired over 30 days. Accepted I.D.'s are as follows: State issued drivers license, military I.D. with photo, alien registration I.D. with photo, and international passports.
3. Applicant must have twelve months of good, current, verifiable rental history.
4. Applicant must be currently employed for twelve months.
5. Income Requirements: Gross monthly income per household must be at least three times the amount of the apartment rent. Example: Rent = \$450 x 3 = \$1,350.00. The income must be verifiable.
6. Applicant must have a good credit rating from any reporting agency.
7. One pet per apartment allowed and there is a 20 lbs. weight limit. A \$250 pet deposit must be paid, \$150 which is non-refundable. A photo of the pet must be provided to management. (If 2 pets are allowed on this property, a pet deposit is required for each pet.
8. Should applicant knowingly submit wrong or misleading information, this will be grounds for immediate denial.
9. All persons residing in the apartment for more than two weeks per year must meet these same leasing standards.
10. The apartment deposit is not refundable after application has been approved.
11. Applications will be processed within 48 hours or the deposit will be refunded.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THE CONTENTS.

APPLICANT (S) SIGNATURE _____ DATE: _____

APPLICANT (S) SIGNATURE _____ DATE: _____

PROSPECTIVE RESIDENT (S) _____

COMMUNITY _____

APARTMENT # _____ UNIT TYPE _____

APPLICATION FEE AND SECURITY DEPOSIT AGREEMENT

APPLICANT HAS DEPOSITED AN "APPLICATION FEE" IN THE AMOUNT STATED BELOW THAT IS NON-REFUNDABLE.

APPLICANT HAS DEPOSITED A "SECURITY DEPOSIT" IN THE AMOUNT STATED BELOW IN CONSIDERATION FOR MANAGEMENT TAKING A DWELLING UNIT OFF THE RENTAL MARKET WHILE CONSIDERING APPROVAL OF THIS APPLICATION WITHIN THE PROPERTY LEASING GUIDELINES. IF APPLICANT IS APPROVED, THE DEPOSIT SHALL BE CREDITED TO THE REQUIRED SECURITY DEPOSIT.

THE SECURITY DEPOSIT WILL BE REFUNDED ONLY IF THE APPLICANT IS NOT APPROVED AND REFUND IN SUCH EVENT SHALL BE PROMPT.

THIS APPLICATION IS PRELIMINARY ONLY, AND DOES NOT OBLIGATE MANAGEMENT TO EXECUTE A LEASE.

CONTEMPLATED LEASE INFORMATION

APPLICATION FEE \$ _____ (NON-REFUNDABLE)

SECURITY DEPOSIT \$ _____

MONTHLY RENT \$ _____

APARTMENT STREET ADDRESS _____

ACTING AGENT FOR OWNER _____
ADDRESS _____

I HAVE RECEIVED A COPY OF THE ABOVE: _____