



TO RE-ORDER CALL YOUR LOCAL ASSOCIATION

RENTAL APPLICATION



Thank you for your interest in our apartments. Please complete the requested information on this form.

Non-refundable application check fee \$ _____ Paid _____

Name _____ Social Security No. _____ Date of Birth _____

Spouse _____ Spouse's Social Security No. _____ Date of Birth _____

Other(s) _____ Relationship _____ Date of Birth _____

_____ Relationship _____ Date of Birth _____

Do you have a pet that will be living with you? _____

Present address: _____ For how long? _____ Telephone _____

Present landlord or mortgage holder: _____ Telephone _____

Amount of rent (mortgage payment): \$ _____ Reason for moving _____

Previous address: _____ For how long? _____ Telephone _____

Landlord or mortgage holder: _____ Telephone _____

Amount of rent (mortgage payment): \$ _____ Reason for moving _____

Applicant's employer: _____ Address: _____ Telephone _____

For how long? _____ Position held: _____ Supervisor: _____ Salary: \$ _____

Spouse's employer: _____ Address: _____ Telephone _____

For how long? _____ Position held: _____ Supervisor: _____ Salary: \$ _____

Banking and Credit Reference _____ Account No. _____

Address _____ Account No. _____

Credit Reference _____ Account No. _____

Address _____ Monthly payment: \$ _____

Credit Reference _____ Account No. _____

Address _____ Monthly payment: \$ _____

Credit Reference _____ Account No. _____

Address _____ Monthly payment: \$ _____

Personal Reference: _____ Relationship _____ Telephone _____

Other information

Applicant's Driver's License No. _____ Make of Car: _____ Year: _____ Color of car: _____

License No. _____ State _____ Car titled in name of: _____

In case of emergency, notify: _____ Relationship _____ Telephone _____

Address: _____

HAVE YOU OR YOUR SPOUSE EVER PLEAD GUILTY, BEEN CONVICTED OF, OR BEEN PLACED ON PROBATION FOR ANY CRIME? _____

IF SO, please state: The date of said plea or conviction _____ The nature of the offense _____

The court and state in which such plea or conviction was entered _____

I recognize that this application for an apartment is subject to acceptance or rejection. Upon payment of a deposit in the amount of \$ _____ the apartment will be held off the market pending the acceptance or rejection of the application. If application is accepted, lease is to be signed at landlord's office within _____ days after applicant is notified of such acceptance. At this time, deposit will be credited as part of the security deposit. If applicant is not accepted as a resident, the deposit will be returned, except as otherwise noted below.

If application is accepted and applicant does not sign lease, for any reason, the deposit will be forfeited as liquidated damages in payment for holding the apartment off the market and landlord shall be under no obligation to lease to applicant.

I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed and to make such other inquiries as you deem necessary to determine my eligibility and qualification including but not limited to credit checks and inquiries of law enforcement agencies. I authorize those references and sources of information to release information to the landlord.

I UNDERSTAND THAT IF I HAVE GIVEN ANY FALSE INFORMATION IN OR IN REGARD TO THIS APPLICATION, THE PROPERTY OWNER OR HIS AGENT HAS THE RIGHT TO IMMEDIATELY REJECT THIS APPLICATION.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Application Received by: _____ Date _____