

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER			
DATE OF BIRTH		DRIVER'S LICENSE NO.		EXPIRATION		STATE			
HOME PHONE NUMBER ( )		WORK PHONE NUMBER ( )		CELL PHONE NUMBER ( )		E-MAIL ADDRESS			
1	PRESENT ADDRESS						CITY	STATE	ZIP CODE
	MOVE IN DATE		ANTICIPATED MOVED OUT DATE		LANDLORD/NAME OF APARTMENT		PHONE NUMBER ( )		
	LENGTH OF OCCUPANCY		RENT/MORTGAGE		REASON FOR MOVING: <input type="checkbox"/> location <input type="checkbox"/> management <input type="checkbox"/> amenities <input type="checkbox"/> other <input type="checkbox"/> job transfer/promotion <input type="checkbox"/> price <input type="checkbox"/> change of household size <input type="checkbox"/> size				
2	PREVIOUS ADDRESS						CITY	STATE	ZIP CODE
	MOVE IN DATE		MOVED OUT DATE		LANDLORD/NAME OF APARTMENT		PHONE NUMBER ( )		
	LENGTH OF OCCUPANCY		RENT/MORTGAGE		REASON FOR MOVING: <input type="checkbox"/> location <input type="checkbox"/> management <input type="checkbox"/> amenities <input type="checkbox"/> other <input type="checkbox"/> job transfer/promotion <input type="checkbox"/> price <input type="checkbox"/> change of household size <input type="checkbox"/> size				
3	PREVIOUS ADDRESS						CITY	STATE	ZIP CODE
	MOVE IN DATE		MOVED OUT DATE		LANDLORD/NAME OF APARTMENT		PHONE NUMBER ( )		
	LENGTH OF OCCUPANCY		RENT/MORTGAGE		REASON FOR MOVING: <input type="checkbox"/> location <input type="checkbox"/> management <input type="checkbox"/> amenities <input type="checkbox"/> other <input type="checkbox"/> job transfer/promotion <input type="checkbox"/> price <input type="checkbox"/> change of household size <input type="checkbox"/> size				

Who else will occupy the apartment?	NAME	DATE OF BIRTH / /	NAME	DATE OF BIRTH / /
	NAME	DATE OF BIRTH / /	NAME	DATE OF BIRTH / /
	NAME	DATE OF BIRTH / /	NAME	DATE OF BIRTH / /

Do you have pets?	List the types and sizes of all pets you would like approved for occupancy : Type of Pet: _____ Qty: _____ Size and Weight of Pet: _____ Current Inoculations: ____ YES ____ NO
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1	Present occupation/position		Employer/ company name	
	How long with this employer? From: To:		Monthly gross Income	Employer address
	Name of your supervisor		Phone number ( )	City, State ZIP code
2	Prior occupation/position		Employer/ company name	
	How long with this employer? From: To:		Monthly gross Income	Employer address
	Name of your supervisor		Phone Number ( )	City, State ZIP code
Other sources of income <input type="checkbox"/> trust <input type="checkbox"/> social security <input type="checkbox"/> interest income <input type="checkbox"/> stocks/bonds <input type="checkbox"/> rental income <input type="checkbox"/> other Monthly amount \$ _____				

### Financial Information

Auto Make / Model	Color / Year	License number	Balance due/monthly payment
Auto Make / Model	Color / Year	License number	Balance due/monthly payment

Have you ever been convicted of a felony?    YES    NO  
 Have you ever filed for bankruptcy?    YES    NO  
 Have you ever been evicted or asked to move?    YES    NO  
 How did you hear about us? \_\_\_\_\_

Emergency Contact	Address	Phone	Relationship
1.			
2.			

Applicant agrees that this is only an Application to Rent and not a lease or rental agreement and that owner and manager (“Management”) are under no obligation to lease or rent an apartment to Applicant as a result of Applicant’s completion of this Application. Applicant understands that the deposit of \$ \_\_\_\_\_ will be used to reserve an apartment. In the event that Management elects not to enter into a lease with Applicant for that apartment, the deposit will be returned to Applicant. In the event that Applicant elects not to enter into a lease for that apartment, the entire deposit will be forfeited. Applicant understands that the processing fee of \$ \_\_\_\_\_ is **NON-REFUNDABLE** and will be used to review Applicant’s rental, credit and financial history and other background information.

Applicant certifies that all information on this Application is accurate and authorizes Management and its employees and agents to verify all such information and to review Applicant’s rental, credit and financial history and other background information. All holders of any such information are hereby authorized to release such information to Management and to accept a photocopy or fax copy of this authorization. The credit report may be provided to government agencies, including law enforcement agencies and may be used for collection purposes. Applicant releases Management and its employees and agents and all firms or persons investigating or providing information from any liability whatsoever concerning the release and/or use of such information and will defend and hold them harmless from any claim or suit by any person.

*Date* \_\_\_\_\_ *Applicant’s Signature* \_\_\_\_\_ *Applicant’s name PRINTED* \_\_\_\_\_

**For Office Use Only:**

Leased By: \_\_\_\_\_

Date Lease: \_\_\_\_\_

Floorplan: \_\_\_\_\_