

RENTAL APPLICATION

Office Use Only

Lease Term: _____ Garage #: _____ Storage #: _____

Unit # _____ Size _____

Rent \$ _____

Special: _____

Move In Date: _____

Application Fee \$ _____ Check # _____

Approved: _____ Denied: _____

Resident Notified:

Deposit Received \$ _____ Check# _____

Date & Initials: _____

Date: _____

Date & Initials:

Reason:

Initials:

All occupants 18 years and older must complete an application and sign the Rental Agreement

Applicant:

Full Name: _____

Date of Birth _____

Social Security # _____

Drivers Lic. & State _____

Current Phone (____) _____

Cell Phone (____) _____

Spouse:

Full Name: _____

Date of Birth _____

Social Security # _____

Drivers Lic. & State _____

Other Occupants under the age of 18 who will be living in the apartment:

Name: _____ Date of Birth: _____ SS # _____ Relationship: _____

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Residence: List Minimum of 2 years of residence history

Current Address: _____ **City:** _____ **State** _____ **Zip** _____

Did you rent? Yes ___ No ___ Monthly Rental Amount \$ _____ From dates _____ to _____

Landlords Name: _____ Phone # _____

Did you own? Yes ___ No ___ Did you live with your family? Yes ___ No ___ Did you live in a college dorm? Yes ___ No ___

Previous Address: _____ **City:** _____ **State** _____ **Zip** _____

Did you rent? Yes ___ No ___ Monthly Rental Amount \$ _____ From dates _____ to _____

Landlords Name: _____ Phone # _____

Did you own? Yes ___ No ___ Did you live with your family? Yes ___ No ___ Did you live in a college dorm? Yes ___ No ___

Previous Address: _____ **City:** _____ **State** _____ **Zip** _____

Did you rent? Yes ___ No ___ Monthly Rental Amount \$ _____ From dates _____ to _____

Landlords Name: _____ Phone # _____

Did you own? Yes ___ No ___ Did you live with your family? Yes ___ No ___ Did you live in a college dorm? Yes ___ No ___

Applicant Employment: List Minimum of 2 years employment history

Current Employer: _____ Address: _____ Phone(____) _____

Supervisors Name _____ Your Position: _____ Monthly Income: \$ _____ Employed From _____ to _____

Previous Employer: _____ Address: _____ Phone (____) _____

Supervisors Name _____ Your Position: _____ Monthly Income: \$ _____ Employed From _____ to _____

Spouse Employment

Current Employer: _____ Address: _____ Phone (____) _____

Supervisors Name _____ Your Position: _____ Monthly Income: \$ _____ Employed From _____ to _____

Previous Employer: _____ Address: _____ Phone (____) _____

Supervisors Name _____ Your Position: _____ Monthly Income: \$ _____ Employed From _____ to _____

Income Source other Than Employment: Applicant must also provide formal documentation.

Source _____ Monthly Amount \$ _____ Phone Contact to Verify (____) _____
Source _____ Monthly Amount \$ _____ Phone Contact to Verify (____) _____
Source _____ Monthly Amount \$ _____ Phone Contact to Verify (____) _____

Financial

Answer: Yes or No to the following questions:

Have you, your spouse, or any occupant listed on page 1 of this Rental Application ever:

- Been Evicted or asked to move out? _____
- Broken a rental agreement or lease agreement? _____
- Declared bankruptcy? _____
- Been sued for nonpayment of rent? _____
- Been convicted of a felony? _____
- Received deferred adjudication for a felony? _____

Please Explain: (list year, location and type of each felony). Note: Any box not answered represents the answer "No".

Bank: _____ Address: _____ Phone # (____) _____
Bank: _____ Address: _____ Phone # (____) _____
Bank: _____ Address: _____ Phone # (____) _____

Emergency Contact: If you become seriously ill or die, you authorize the persons listed to enter your dwelling to remove and store all contents, as well as your property in the mailbox, storage rooms, garage and common areas.

Name: _____ Relationship: _____ Address: _____ Phone # (____) _____
Name: _____ Relationship: _____ Address: _____ Phone # (____) _____
Name: _____ Relationship: _____ Address: _____ Phone # (____) _____

Automobiles

Make _____ Year _____ Color _____ License # _____ State _____
Make _____ Year _____ Color _____ License # _____ State _____
Make _____ Year _____ Color _____ License # _____ State _____

Recreational Vehicles, boats or trailers are prohibited.

Acknowledgement by Signing:
You declare that all your statements on the application are true and complete. You are authorizing us to verify this information through all available means. We are not required to verify or investigate any preliminary findings. If you've false information, we are entitled to (1) reject the application, (2) retain all application fees and deposits as liquidated damages for our time and expense, and (3) terminate your right of occupancy. Giving false information may also constitute a serious criminal offense.
It is understood that the amount of \$ **0** will be returned if applicant is not accepted as a resident. **\$25.00** will be retained for processing the Rental Application.
If Accepted and subsequently the resident cancels the application, the deposit amount received is hereby acknowledged as liquidated damages for non performance and will be forfeited by the resident as compensation for the holding of the apartment off the market.
Applicants Initials **X** _____ **X** _____

X _____
Applicants Signature

Date

X _____
Applicants Signature

Date

Signature of Owner's Representative

Date