



A \$25.00 NON-REFUNDABLE APPLICATION FEE REQUIRED AT THE TIME THIS APPLICATION IS SUBMITTED.

APPLICATION FOR RENTAL

DATE: _____

ADDRESS APPLIED FOR: _____

This information is sought to assure the most responsible residents possible and to assist the management in case of emergencies. Your cooperation is appreciated. This information will be kept in confidence and used only in relation to the lease contract. Credit report required.

APPLICANT'S NAME _____

CO- APPLICANT'S NAME _____

E-MAIL: _____

RELATION TO APPLICANT: SPOUSE / RELATIVE / FRIEND
Relative or Friend must include additional \$25.

HOME: _____ CELL: _____

HOME: _____ CELL: _____

SSN: _____ DOB: _____ M / F

SSN: _____ DOB: _____ M / F

DRIVER'S LICENSE # _____

DRIVER'S LICENSE # _____

PRESENT ADDRESS (Include city, state & zip) _____

PRESENT ADDRESS check here if same as applicant's

NAME OF PRESENT LANDLORD PHONE _____

NAME OF PRESENT LANDLORD PHONE _____

MARITAL STATUS SINGLE _____ MARRIED _____
DIVORCED _____ WIDOWED _____ SEPARATED _____

MARITAL STATUS SINGLE _____ MARRIED _____
DIVORCED _____ WIDOWED _____ SEPARATED _____

EMPLOYER _____

EMPLOYER _____

EMPLOYER ADDRESS _____

EMPLOYER ADDRESS _____

TYPE OF WORK _____ HOW LONG EMPLOYED? _____

TYPE OF WORK _____ HOW LONG EMPLOYED? _____

WORK PHONE _____ MONTHLY INCOME (GROSS) \$ _____

WORK PHONE _____ MONTHLY INCOME (GROSS) \$ _____

LIST NAME, AGE AND RELATIONSHIP OF ALL PERSONS OCCUPYING THE PREMISES:

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

LIST ALL VEHICLES TO BE PARKED ON THE PREMISES (INCLUDING BOATS, ETC.)

YEAR _____ MAKE _____ MODEL _____ LICENSE # _____ STATE _____

YEAR _____ MAKE _____ MODEL _____ LICENSE # _____ STATE _____

YEAR _____ MAKE _____ MODEL _____ LICENSE # _____ STATE _____

WILL YOU OR THE OTHER OCCUPANTS HAVE A PET? _____

KIND _____ WEIGHT _____ BREED _____ AGE _____

NAME OF YOUR BANK _____ PHONE _____ CITY _____

WHY ARE YOU LEAVING YOUR PRESENT ADDRESS? _____

HAVE YOU OR THE CO-APPLICANT EVER BEEN EVICTED? _____

HAVE YOU OR THE CO-APPLICANT EVER BROKEN A LEASE? _____

HAVE YOU OR THE CO-APPLICANT EVER BEEN CONVICTED OF A FELONY? _____

HAVE YOU OR THE CO-APPLICANT EVER BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY? IF YES, EXPLAIN _____

HOW WERE YOU REFERRED TO US? _____

IN CASE OF EMERGENCY, NOTIFY _____

RELATIONSHIP _____ WORK # _____ HOME # _____

CELL # _____ ADDRESS _____ CITY/STATE _____

APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND HEREBY AUTHORIZES VERIFICATION OF SUCH INFORMATION. FALSE INFORMATION GIVEN ABOVE SHALL BE GROUNDS FOR OWNER'S REJECTION OF THIS APPLICATION, NON-RETURN OF APPLICATION DEPOSIT, AND TERMINATION OF RIGHT OF OCCUPANCY AND IT MAY CONSTITUTE A SERIOUS CRIMINAL OFFENSE UNDER THE LAWS OF THIS STATE.

SECURITY DEPOSIT IS DUE 24 HOURS AFTER APPROVAL OF APPLICATION IS GIVEN. LEASE IS TO BEGIN WITHIN NO MORE THAN 2 WEEKS FROM APPROVAL DATE UNLESS SPECIAL CIRCUMSTANCES APPLY. I UNDERSTAND THAT I WILL FORFEIT MY SECURITY DEPOSIT IN THE AMOUNT OF \$ _____ IF AFTER A 24 HOUR PERIOD I DECIDE NOT TO LEASE THE ABOVE MENTIONED ADDRESS. _____ INITIALS

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____