



**A \$25.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED FOR EACH ADULT 18 YEARS AND OLDER AT THE TIME THIS APPLICATION IS SUBMITTED.**

ADDRESS APPLIED FOR: \_\_\_\_\_

PROPOSED LEASE START DATE: \_\_\_\_\_

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 SPOUSE / RELATIVE / FRIEND \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

PRESENT ADDRESS, CITY, STATE, ZIP \_\_\_\_\_

PRESENT ADDRESS, CITY, STATE, ZIP \_\_\_\_\_

NAME OF PRESENT LANDLORD PHONE \_\_\_\_\_

NAME OF PRESENT LANDLORD PHONE \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED \_\_\_\_\_

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, SSN, DOB AND RELATIONSHIP OF ALL PERSONS OCCUPYING THE PREMISES (ANYONE OVER 18 WILL BE SCREENED):

NAME \_\_\_\_\_ DOB \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SSN \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SSN \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SSN \_\_\_\_\_

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 \_\_\_\_\_

DO YOU OR ANY OCCUPANTS SMOKE? \_\_\_\_\_

WILL YOU OR THE OTHER OCCUPANTS HAVE A PET? \_\_\_\_\_

KIND \_\_\_\_\_ WEIGHT \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

**\*\*A PICTURE OF EACH PET MUST BE PROVIDED WITH APPLICATION\*\***

WHY ARE YOU LEAVING YOUR PRESENT ADDRESS? \_\_\_\_\_

HAVE YOU OR THE CO-APPLICANT EVER BEEN EVICTED? \_\_\_\_\_ 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? \_\_\_\_\_ ARE YOU A POTENTIAL HOME BUYER? \_\_\_\_\_

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: \_\_\_\_\_