

RENTAL APPLICATION

Today's Date: _____ Time of application: _____ Move-in Date Desired: _____

Preferred Property: _____ Preferred Floorplan: _____ Lease Term Desired: _____

How did you hear about us?

- Drive-By Our Website Resident Referral: _____
 Rent.Com Craigslist Other: _____
 ApartmentGuide.Com Facebook

APPLICANT INFORMATION

Applicant: _____ (First, Middle, Last) Phone: _____

SSN: _____ Date of Birth: _____

DL #: _____ DL State: _____ Email address: _____

Co- Applicant: _____ (First, Middle, Last) Phone: _____

SSN: _____ Date of Birth: _____

DL #: _____ DL State: _____ Email address: _____

Please List All Additional Occupants (Under 18 Years of Age):

Name of Occupant Relationship Age

Name of Occupant Relationship Age

Name of Occupant Relationship Age

APPLICANT HISTORY

Present Address of Applicant: _____ City: _____ State: _____ Zip: _____

Length of residence: _____ Landlord: _____ Phone Number: _____ Current Rent \$ _____/month

Reason for leaving: _____

Previous address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

In case of Illness, Accident, or Emergency, Please Contact: _____ Phone: _____

Relationship to Tenant: _____ In the event of serious illness, injury, or death, this person has permission to enter my unit and remove personal belongings unless otherwise outlined in a legal document. _____ YES _____ NO



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EMPLOYMENT REFERENCES

Applicant's Present Employer: _____ Employer's Address: _____

Current Position: _____ How long in this position: _____ How long with this employer: _____

Supervisor's Name: _____ Employer's Number: _____

Gross Income \$ _____ (Bi-Weekly/ Monthly/ Annually) Please circle one.

Co-Applicant's Present Employer: _____ Employer's Address: _____

Current Position: _____ How long in this position: _____ How long with this employer: _____

Supervisor's Name: _____ Employer's Number: _____

Gross Income \$ _____ (Bi-Weekly/ Monthly/ Annually) Please circle one.

EMPLOYMENT HISTORY (if employed less than a year in current position, please list previous employer)

Previous Employer: _____ Previous Employer's Address: _____

Position: _____ How long in that position: _____ Supervisor's name: _____

Phone number of previous employer: _____ Previous gross monthly income: _____

ADDITIONAL SOURCES OF INCOME

Amount: _____ Frequency: Bi-Weekly/ Monthly/ Annual (circle) Source: _____

CRIMINAL SCREENING – All occupants over the age of 18 years of age will be screened for criminal records

You must have a clean criminal background which this company defines as no criminal charges (either felony or misdemeanor) in the past five years and none of the following regardless when they occurred.

- Violent Crime
- Burglary / Breaking & Entering / Criminal Trespass
- Sexual Abuse
- Destruction of Property
- Multiple Misdemeanor Convictions

Circle One

Are you or anyone in your household subject to a state sex offender lifetime registration requirement? YES NO

Have you or anyone in your household been currently engaged in illegal drugs? YES NO

Have you or anyone in your household been convicted of violating any drug related laws? YES NO

Have you ever:

Been evicted? YES NO

Been convicted of a crime? YES NO

Management will not discriminate on the basis of race, color, nationality, gender, family status, religion, sex, or any other characteristics protected by all applicable state and federal discrimination laws.

I warrant that all statements above are true and may be used by the landlord and managing agent in accepting or rejecting my application. By signing this application either in hand or e-signing the pdf and returning electronically, I authorize my employer to verify my employment and income. The undersigned acknowledges that if any misrepresentation is made and a lease signed, the misrepresentation is a material breach of the Lease and the Landlord will have the right to terminate the Lease. I hereby consent to have the Landlord request a credit check from any applicable credit rating bureau to determine my credit worthiness.

I UNDERSTAND A \$50.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED PER ADULT.



RENTAL APPLICATION

SECURITY DEPOSIT

Upon leaving the deposit for an Apartment, I understand that once I am approved and confirmed my unit number for the Apartment and move in, this money will become my security deposit for the duration of my residency.

I understand I have 72 hours to cancel my application and receive a full refund from the time of original payment. If my application is denied, I will be refunded the deposit. If I decide that I no longer want to rent the apartment, I understand that I forfeit the determined deposit and any additional deposit required after my application has been accepted/approved.

If the apartment assigned is not ready by date agreed upon, due to Management, I understand that Management will either have another unit ready or a new move-in date within seven (7) days of original date will be the possession date. If I cancel or withdraw my application due to the apartment not being ready, I understand that I waive my deposit as an Early Termination Fee. I fully understand that the property has no obligation to hold the apartment after the above possession date.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Please Sign Attached:

- Application Rental Criteria
- Landlord Reference Letter
- Pet Policy

Available as Needed:

- Adult Occupant Application
- Co-Signer Application
- Co-Signer Rental Criteria

Office Use Only

App. Fee Paid: _____

Property: _____

Approved/Decline: _____

Deposit Paid: _____

Unit: _____

Move In Date: _____

