



PLEASE PRINT

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|-------------------------------------|------------------------------------|------------------------------|---|
| DATE OF FIRST VISIT _____ | BLDG. & APT. # _____ | MONTHLY RENT _____ | MOVE IN SPECIAL OFFERED _____ |
|-------------------------------------|------------------------------------|------------------------------|---|

THE FOLLOWING MUST BE SUBMITTED BEFORE AN APPLICATION CAN BE PROCESSED:

*** Application Fee (\$ _____ non-refundable per person/married couple) * Holding fee - _____ * PROOF OF INCOME**

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|---|------------------------------|---------------------------------|-------------------------------|-------------------------|---|
| Last Name _____ | | First Name _____ | | Middle Initial _____ | |
| Street Address _____ | | | | | |
| City _____ | | State _____ | Zip Code _____ | | Monthly Rental Amount _____ |
| Landlord Name _____ | | Landlord telephone number _____ | | YOUR PHONE NUMBER _____ | |
| Social Security # _____ | | Driver's License # _____ | State _____ | Sex _____ | Date of Birth _____ |
| Pets Owned: None <input type="checkbox"/> | Dog <input type="checkbox"/> | Cat <input type="checkbox"/> | Bird <input type="checkbox"/> | Type/breed _____ | Weight _____ lbs. Total # of persons to occupy Apt. _____ |

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|-------------------------|--|---------------------------------|----------------|-------------------------|---------------------|
| Last Name _____ | | First Name _____ | | Middle Initial _____ | |
| Street Address _____ | | | | | |
| City _____ | | State _____ | Zip Code _____ | | _____ |
| Landlord Name _____ | | Landlord Telephone Number _____ | | YOUR PHONE NUMBER _____ | |
| Social Security # _____ | | Driver's License # _____ | State _____ | Sex _____ | Date of Birth _____ |

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| NAMES OF ADDITIONAL OCCUPANTS | RELATIONSHIP | SEX | DATE OF BIRTH |
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| <u>APPLICANT</u> | | | | | |
| Employer _____ | | Position _____ | | Supervisor _____ | Phone # _____ |
| Address _____ | | City _____ | State _____ | How Long _____ | Annual Income _____ |
| Employer _____ | | Position _____ | | Supervisor _____ | Phone # _____ |
| Address _____ | | City _____ | State _____ | How Long _____ | Annual Income _____ |
| Additional Income _____ | | | Source _____ | | |
| <u>SPOUSE</u> | | | | | |
| Employer _____ | | Position _____ | | Supervisor _____ | Phone # _____ |
| Address _____ | | City _____ | State _____ | How Long _____ | Annual Income _____ |
| Employer _____ | | Position _____ | | Supervisor _____ | Phone # _____ |
| Address _____ | | City _____ | State _____ | How Long _____ | Annual Income _____ |
| Additional Income _____ | | | Source _____ | | |

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| IN CASE OF EMERGENCY (OTHER THAN SPOUSE) | | | | | |
| Name _____ | | Relationship _____ | Address _____ | | Day phone _____ |
| Name _____ | | Relationship _____ | Address _____ | | Evening phone _____ |
| PERSONAL REFERENCE | | | | | |
| Name _____ | | Address _____ | Phone _____ | | |
| CAR(S) | | | | | |
| #1 Make/Model _____ | | Year _____ | License No. _____ | State _____ | #2 Make/Model _____ |
| Year _____ | | License No. _____ | State _____ | Year _____ | |
| License No. _____ | | State _____ | Year _____ | | |
| PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH MIGHT HELP EVALUATE THIS APPLICATION | | | | | |
| Have you ever filed for Bankruptcy? Yes _____ No _____ | | Been evicted from Tenancy? Yes _____ No _____ | | Applicant Yes _____ No _____ | |
| Do you or any of your occupants have charges pending against you or against them for any criminal offense(s)? | | Applicant Yes _____ No _____ | | Occupants Yes _____ No _____ | |
| Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense (s) or had any criminal offense(s) disposed of other than by acquittal or finding of "not guilty?" | | Applicant Yes _____ No _____ | | Occupants Yes _____ No _____ | |
| If "Yes" to either of the above questions, give details and dates: _____ | | | | | |
| Any litigation, such as evictions, suits, judgments, bankruptcies, foreclosures, etc? Yes _____ No _____ If "Yes", give details and dates: _____ | | | | | |

- Subject to management's approval, the undersigned applicant(s) hereby makes application to lease the apartment described therein for the term and at the rental amount set forth.
- Applicant(s) understand that all application fees are non-refundable.
- In the event the applicant(s) cancels after 24 hours of this application submission, management will retain the earnest money deposit to recover the cost of processing this applications and holding an apartment. In the event this application is not approved, the earnest money will be returned to the applicant(s).
- CERTIFICATION – I understand that the above information is confidential. I hereby certify that I have examined this application and that the above information made here is to the best of my knowledge and belief a true and complete application made in good faith. False information shall be deemed cause for non-approval. I also give permission to have any of the above statements verified by utilizing reports from any credit-reporting agency. I also give management permission to verify employment and housing history.

Applicant's signature _____ Spouse's signature _____

Application taken by _____ Time and Date taken _____