

Freiened Location on Froperty			Application date/time		
Unit Type	Future Move-in Date Rental Rate Range				
Special Provisions		Lease term from	to	_ Consultant Initials	
Last Name		Application fee (non-refu	ındable)		
First Name	Middle initial	Full Month Rental Rate	(move-in after 15 th)		
Social Security #		Prorate Rent (partial mo	nth rent, if applicable)		
Drivers License #	State	Administration Fee (non	-refundable)		
Home Phone ()		Garage Rent			
Work Phone ()		Pet Fee			
Other Phone ()		Pet Rent			
E-mail		Other Rent			
Address:		Describe			
City:	_State Zip	Security Deposit			
Lease Holder – must be 21 years of age		Apartment	Pet (Other	
occupancy.		Total Due			
Occupants – Anyone 18 years and over occupy apartment.	must complete an application to				
Rent is due on the 1st of the Month unless				applicant's qualifying criteria	
Renters Insurance is required. Resident their name and providing proof prior to m	All Move-in monies mus	results. All Move-in monies must be in the form of a cashiers check or money order			
We will accept rent payment in the form personal check. We will not be acceptin		or All lease holders must b	-	possession of the apartment. e to gain possession.	
Within the last 2 years have you:		Pet Yes	Type	Lbs.	
Declared Bankruptcy? NoYe	es Date				
Been Evicted? No Y	es Date				
Not fulfilled a lease term? No	Yes Date	—			
Reason for 2 or 3 if Yes:		Automobile Model: Yr Plate		Color	
Total # of occupants(i	include applicant)			_ Title	
1. Name				Tide	
Birth Date:				eZip	
Relationship:				ss Income	
2. Name			·	Phone	
Birth Date:		Supervisor Name		Phone	
Relationship:			If less than two years		
3. Name					
Birth Date:		Supervisor Name		Phone	
Relationship:					
Emorgonou Contact Name				e Zip	
Emergency Contact Name:				Ctata 7ia	
Phone:	Address:		Oily	State	



Part 2 of 2

Landlord/Mortgage Holder Name _		Phone ()		
Move-in Date	Mon	ithly Payment \$			
Address	City	Stat	ieZip		
Home Owner □ Renting □ Livino	g with Family \square Are you presently under a le	ease term: No Yes	Exp. Date		
If above is less than two (2) year	s				
Previous Landlord Name		Phone ()		
Address	City	State	te Zip		
Move-in Date Monthly Payment \$					
Credit Card: Visa	American Express	Master Card	Other		
Holder	Account		Exp		
Holder	Account		Exp		
Bank		Branch			
Checking Account #					
Savings Account #					
How Did you Hear About Us?					
□ Resident	Name:				
☐ Referral Agency	Agency:				
□ Apartment Guide	• •				
·	Name:				
	Website:				
□ Newspaper	Paper:				
□ Drive By					
□ Other					
Have you ever been charged with, pleaded guilty, or "no contest" to a felony (whether or not resulting in a conviction?					
Yes/No If yes, explain:					
Have you ever been charged with, pleaded guilty, or "no contest" to a Misdemeanor involving sexual misconduct (whether or not resulting in a conviction)?					
Yes/No If yes, explain:					
I have read the entire application and all of the above information is true and complete. I hereby authorize verification of the above information and release all liability all persons or corporations requesting or supplying such information. I agree that any false, incomplete or misleading information herein may constitute grounds for rejection of this application and/or termination of the lease including forfeiture of deposits and fees that have been paid. I understand that this application is not binding on behalf of the property, but it subject to the Owner's approval and subject to the application. If I am not approved, the Preparation/Administration fee, if any, and the "Application Deposit "of \$					
Signature:			Date:		
Signature:			Date:		
Owners Agent:			Date:		
To Reserve Apt. #	Move-in Date	Re	ent will be \$		
Lease Term	Months	Approved on	by		