

PROPERTY NAME: _____



APPLICATION FOR RENTAL

FOR OFFICE USE

Application Date _____ Address Deposited On _____ Unit Type _____
 Move-In Date _____ Lease Term _____ Rental Rate _____ Rental Concession _____
 Non-refundable Application Fee _____ Security Deposit _____ Pet Fee _____

Note: All occupants over 18 must complete a separate application form. Applications with blanks will not be accepted. PLEASE PRINT.

Name _____ SS# _____ Birthdate _____
(Last) (First) (M.I.)

Note: Support documents (divorce decree, separation agreement, or court order) must be furnished to management before move-in.

Marital Status: Never Married Married Divorced _____ Separated _____ Widowed
(Date) (Date)

NAME

ALL PERSONS WHO WILL OCCUPY APARTMENT	RELATIONSHIP	DATE OF BIRTH	SS#	STUDENT	EMPLOYED
1.	SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you or any occupants who will be named on the lease require special accommodations? Yes No

Did you file a joint tax return last year? Yes No Are you a full time student? Yes No

Are any of the residents full time students? Yes No If Yes, is the household comprised of a single parent and child? Yes No

ADDRESS

Present Address _____ Phone: _____
(Street) (Apt. #) (City, State, Zip - Required) (Present Phone #)

(Name of Present Landlord/Mortgage Co.) (Rent Per Month) (Phone #) (Res dates from/to)

List all previous addresses within the past three (3) years:

(Street) (Apt. #) (City, State, Zip - Required) (Name of Landlord & Phone #) (Res dates from/to)

(Street) (Apt. #) (City, State, Zip - Required) (Name of Landlord & Phone #) (Res dates from/to)

(Street) (Apt. #) (City, State, Zip - Required) (Name of Landlord & Phone #) (Res dates from/to)

EMPLOYMENT

Present Employer _____
(Company Name) (Address) (Phone #)

(Position Title) (Yearly Gross Income) (Supervisor's Name)

Are you self employed either part-time or full-time? Yes No

If present employment less than three (3) years, list previous employer(s):

1. _____
(Company Name) (Address) (Phone #) (Dates Emp from/to)

(Position Title) (Yearly Gross Income) (Supervisor's Name)

2. _____
(Company Name) (Address) (Phone #) (Dates Emp from/to)

(Position Title) (Yearly Gross Income) (Supervisor's Name)

OTHER INCOME

Applicants must complete this section in order to determine qualification for residency within Section 42 and/or 142 of the Internal Revenue Code. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such income may result in non-qualification for residency. OTHER INCOME INCLUDES: Alimony, child support, aid to dependent children, welfare, unemployment, social security, annuities, insurance policies, retirement benefits, pensions, net income from the operation of a business or profession and any other regular periodic payments.

SOURCE OF OTHER INCOME	YEARLY GROSS AMOUNT	CONTACT	PHONE
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____

I have been awarded child support for minor(s) in my household. Yes No Amount \$ _____

I have applied for additional income for minor(s) in my household. Yes No Amount \$ _____

I foresee receiving additional income for minor(s) in my household during the next 12 months. Yes No I have no other source of income. Yes No

ASSET INFORMATION

Listed below for each occupant is a true list of the value of all assets.

ASSETS INCLUDE savings, checking, cash in safety deposit boxes, individual Retirement and Keogh accounts, trust funds, stocks, bonds, equity in real property, other forms of capital investment (excluding necessary items such as furniture and automobiles), Treasury bills, Certificates of Deposit, money market funds, retirement and pension funds, inheritances, capital gains, cash value of life insurance policies, insurance settlements, personal property held as investment, assets disposed of within the past 2 years (but not if by foreclosure, bankruptcy or divorce settlement). Calculate the actual amount expected to be received in the next 12 months from the asset.

Assets do not include: Necessary personal property such as clothing, furniture, daily use autos, food, dishes, TV, etc. Also excluded is any special equipment for use by the handicapped, and assets of a business.

ASSETS

Asset Type	Bank/Savings & Loan/Credit Union	Account Number	Balance
Checking Account (Avg 6 Month Balance)	_____	_____	_____
Saving Account (Current Balance)	_____	_____	_____
Other _____	_____	_____	_____

Occupant	Asset Type	Institution Name	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR OFFICE USE	
Yearly Amount Received from Asset	_____
_____	_____
_____	_____
Yearly Amount Received from Asset	_____
_____	_____
_____	_____

Total Value of Assets \$ _____ Actual/Imputed Income Expected from Assets \$ _____

How you disposed of any assets within the past 24 months? Yes No

I certify that the above asset information is true, complete, and correct to the best of my knowledge and belief, and is made in good faith.

Signature _____ Date _____

PERSONAL

EMERGENCY CONTACT: _____
(Name) (Address) (City, State, Zip - Required) (Phone #)

HEAD OF HOUSEHOLD PERSONAL DESCRIPTION:

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License _____
(Number) (State) (Exp. Date)

AUTOMOBILES / TRUCKS / MOTORCYCLE / BOAT / TRAILER / OTHER:

1. _____
(Make) (Model) (Year) (Color) (License #) (State) (Exp. Date)
2. _____
(Make) (Model) (Year) (Color) (License #) (State) (Exp. Date)

PET: Breed _____ Color _____ Weight _____ lbs. Approval _____ Property Manager

I certify that the facts set forth in this APPLICATION FOR RENTAL are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that a knowing and willful false statement on this application is grounds for rejection by the rental manager. I apply to lease the above described premises on substantially the terms set forth herein. As an inducement to the management to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury. It is understood that the Application is a part of the Lease and Resident hereby affirms that the statements and information contained in the Application are true and correct and that the Resident's authority to the Landlord to obtain credit information through the use of a Credit Reporting Agency, including, but not limited to the obtaining of a Consumer Credit Report on the Resident is a continuing right agreed upon by the Resident including, but not limited to credit verification, skip-tracing, or the collection of any delinquent accounts which the Resident may maintain with the Landlord.

You will be required to sign a lease, pay a full security deposit, and pay the first month's rent before occupying any apartment. This is an application only, and is subject to approval by the management or owners. Upon acceptance of this application, the security deposit, processing fee and application fee will not be refunded to applicant by reason of a later decision by applicant not to lease the apartment. If application is rejected by management or owners, the security deposit and processing fee will be refunded in full. This application is received without respect to race, creed, color, national origin, handicap or familial status. A security deposit of \$ _____, a processing fee of \$ _____ and an application fee of \$ _____ was paid. The application fee will not be refunded under any circumstances. I agree that the Security Deposit may not be applied as rent and the full monthly rent will be paid on or before the first day of every month including the last month of occupancy.

By execution of the application, I hereby authorize the management to make such investigations into my history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, motor vehicle record check, criminal background check, rental history and consumer credit reports.

APPLICANT'S SIGNATURE: _____ DATE: _____

IT IS THE POLICY OF THIS COMMUNITY TO RENT TO QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, OR FAMILIAL STATUS, AND IN COMPLIANCE OF ALL FEDERAL, STATE, AND LOCAL LAWS.

FOR OFFICE USE	Application taken by _____	Credit check by _____	Approved by _____
	Date _____	Date _____	Date _____

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