

applicant	NAME:		SSN:	DOB:	
	EMAIL:		MOBILE:	W/H PHONE:	
	CURRENT ADDRESS:		CITY/STATE:	ZIP:	
	APARTMENT NAME:	LENGTH OF RESIDENCY:	RENT PAID TO:	PHONE:	
	PREVIOUS ADDRESS:		CITY/STATE:	ZIP:	
	APARTMENT NAME:	LENGTH OF RESIDENCY:	RENT PAID TO:	PHONE:	
	DRIVER'S LICENSE #:	STATE:	AUTO:	MOTORCYCLE: MAKE/YR	LICENSE PLATE:
	CURRENT EMPLOYER:		CITY/STATE:	SUPERVISOR:	SUPERVISOR PHONE:
	PREVIOUS EMPLOYER:		CITY/STATE:	SUPERVISOR:	SUPERVISOR PHONE:
	MORTGAGE COMPANY:		YEAR PURCHASED:	MONTHLY PAYMENT:	PHONE:
		MONTHLY INCOME:	LENGTH OF EMPLOYMENT:		
			LENGTH OF EMPLOYMENT:		

DO YOU OWN A PET?	GUIDE/SERVICE DOG?	BREED:	AGE:	WEIGHT:
ADDITIONAL OCCUPANT UNDER 18 YEARS OF AGE:			SSN:	DOB:
ADDITIONAL OCCUPANT UNDER 18 YEARS OF AGE:			SSN:	DOB:

PLEASE ANSWER THE FOLLOWING QUESTIONS:
 Do you require any special accommodations? YES/NO If so, what type? _____
 Have you ever been evicted from a place of rental or do you owe any unpaid rent? _____
 Have you ever been convicted of a crime other than a motor vehicle violation? YES/NO If so, explain: _____

This is to inform you that as part of our procedure for processing your application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your landlord, employer, a credit check, and criminal report.

We hereby agree, in the event of the approval of this rental application, to execute a lease in accordance with the terms set forth in this rental application. Owner and/or agent for the owner reserves the right to reject this application and to refuse possession of the above-mentioned accommodations. I/We have read the foregoing and certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf, and any errors in this application may be used by the owner and/or agent to terminate the lease agreement at any time.

Applicant hereby deposits the amount of \$ _____. This amount will be refunded if the applicant is not accepted or if applicant withdraws this application in writing by 5:00 pm on _____, 20____. If the application is accepted and resident does not enter into a lease agreement upon notification of acceptance, then the amount deposited shall be retained as liquidated damages for holding the apartment off the market. If applicant does enter into a lease agreement, then the deposit shall be applied to the security deposit required under the lease. If applicant is accepted as a resident and enters into a lease agreement, then this document shall become part of the lease. If landlord determines that any information contained herein is false, then that shall constitute an event of default under the lease and the lease shall be voidable upon 3 days' notice. If there is an application fee it is non-refundable.

SIGNATURE OF APPLICANT:	DATE:	MANAGER APPROVAL	Date:
		LEASING AGENT:	Date:

OFFICE USE ONLY: -----

APT #	LEASE TERMS:	PUBLIC TRANSFER FEE:	DATE PD:
RENT/MO:	APP FEE:	PRORATED RENT:	DATE PD:
TOTAL SECURITY DEPOSIT:	DATE PD:	RENT:	DATE PD:
APPROX DATE OF OCCUPANCY:		PET DEPOSIT:	DATE PD:
COMMENTS:		NON-FLAT FEES:	DATE PD:
		TOTAL AT MOVE-IN:	