

COMMUNITY_

COMMUNITY CONTACT

COMMUNITY TELEPHONE #

IN THE EVENT OF CO-APPLICANTS
USE SEPARATE FORMS
FOR EACH APPLICANT.

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BILLING STATUS APPLICANT CO-SIGNER CORPORATE N/C Per_

APPLICATION TO RENT APARTMENT# _____ RENT \$ _____ TERM _____

APPLICANT'S Last Name		First	Middle	Birthdate	Driver's License # and State		Soc. Sec. #			
Credit Established Under Any Other Name or Social Security #?				<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME: _____		S.S.# _____			
Email			Home#		Call#					
All Other persons to occupy rental property:	1	FULL NAME	SS#	RELATIONSHIP TO APPLICANT	DOB	4	FULL NAME	SS#	RELATIONSHIP TO APPLICANT	DOB
	2					5				
	3					6				
Do you have a pet? <input type="checkbox"/> YES <input type="checkbox"/> NO						Type and size of Pets: (Keeping of pets requires a deposit and owner's consent)				

PART 1 RESIDENCE HISTORY

APPLICANT'S Present Address	Apt. #	City	State	Zip	How Long?	<input type="checkbox"/> OWN <input type="checkbox"/> OTHER	Monthly Payment
					Yrs. _ Mos	<input type="checkbox"/> RENT	\$
Present Landlord	<input type="checkbox"/> Mortgage Co.	<input type="checkbox"/> Apartment Community	<input type="checkbox"/> Other	City	State	Zip	Landlord Phone ()
(Please check one box)							

PART 2 PREVIOUS RESIDENCE HISTORY

APPLICANT'S Previous Address	Apt. #	City	State	Zip	How Long?	<input type="checkbox"/> OWN <input type="checkbox"/> OTHER	Monthly Payment
					Yrs. _ Mos	<input type="checkbox"/> RENT	\$
Landlord	<input type="checkbox"/> Mortgage Co.	<input type="checkbox"/> Apartment Community	<input type="checkbox"/> Other	City	State	Zip	Landlord Phone ()
(Please check one box)							

PART 3 INCOME / EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor's Name		How Long?		
				Yrs. _ Mos.		
Address	City	State	Zip	Phone ()	Position Held/Occupation	Monthly Salary \$
APPLICANT Previous Employed By	Department	Previous Supervisor's Name		How Long?		
				Yrs. _ Mos.		
Address	City	State	Zip	Phone ()	Position Held/Occupation	Monthly Salary \$
ADDITIONAL INCOME Additional income (i.e. Alimony, Child Support, SSI, etc.) need not be disclosed unless such Additional income is to be included for qualification hereunder.						
Source: Amount of \$	per	Source				

PART 4 IMPORTANT INFORMATION

Auto #1 (year, Make, Model, Color)	License Plate	State
Auto #2 (year, Make, Model, Color)	License Plate	State

PART 5 EMERGENCY CONTACTS & REFERENCES

PHONE

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	(H) _____ (W) _____
Name of APPLICANT'S Other Nearest Relative	Relationship	Address	City	State	Zip	(H) _____ (W) _____
Emergency Contact	Relationship	Address	City	State	Zip	(H) _____ (W) _____
Personal Reference	Relationship	Address	City	State	Zip	(H) _____ (W) _____
Have you ever been or are you now being evicted?		Yes _ No _	Have you ever been convicted of a criminal offense?		Yes _ No _	
Have you ever filed Bankruptcy? Yes _ No _		Month _	Yr. _	County _	When? _	How much? _
Any judgements or collections against you? Yes _ No _		Who? _				

Upon approval of residency and the signing of an apartment rental agreement, my holding fee in the amount of \$ _____ will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said apartment at _____, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein after 72 hours of placing holding deposit. In the event said application for residency is not accepted, holding fee shall be returned to applicant. The application fee of \$ 35 is non-refundable and includes actual cost of credit report, unlawful detainer (eviction) search, and other costs to obtain, process and verify screening information (may include staff time and other soft costs).

In compliance with the State and Federal laws, this is to inform you that an investigation involving the statements made on your rental application for residency at the above mentioned apartment community is being initiated. You have the right to dispute the information reported by Credit Retriever. All or part of the above information may be made available to other services unless this box () is checked. I/We certify that to the best of my/our knowledge all statements are true and complete. I/We authorize _____ to obtain credit reports, character reports, verification of rental history and employment history as necessary to verify all information put forth in the above referenced application for residency. False, fraudulent or misleading information may be grounds for denial of residency, or subsequent eviction.

How did you hear about us? _____

Signed _____	Date _____
Applicant	
Signed _____	Title _____
Agent for Owner	Dated _____

I am aware that an incomplete application causes a delay in processing and may result in denial of residency.

Visual proof of Photo Identification YES NO

Equal Housing Opportunity

