



APPLICATION FOR RENTAL CONTRACT

DATE COMPLETED _____ (EACH CO-RESIDENT MUST SUBMIT SEPARATE APPLICATION)

This information is sought to assure the most responsible residents possible and to assist the management in case of emergencies. Your cooperation is appreciated.

Applicant's full name		Present home phone		Date of birth		Male/Female	
Present street address			City		State		Zip
Apartment name				Apt. #	Move-in date		
Name of above property owner or apartment manager				Phone			
Previous street address			City		State		Zip
Apartment name				Apt. #		Move-out date	
Name of above property owner or apartment manager				Phone			
Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>							
Social Security #			Driver's License#			State	
List name, age, relationship of all persons to be occupying the premises (including children, relatives, and other occupants)							
Name		Age		Relationship			
Name		Age		Relationship			
Name		Age		Relationship			
List all vehicles to be parked on the premises by applicant, spouse, or children (cars, trucks, recreational vehicles, motorcycles, trailers, boats)							
Type vehicle		Year		License #		State	
Type vehicle		Year		License #		State	
Type vehicle		Year		License #		State	
Will you or the other occupants have a pet?			Kind, weight, breed, and age				
IN CASE OF EMERGENCY, NOTIFY				Work phone		Home phone	
Street address			City/State/Zip			Relationship	
Present employer			Address			City/State	
Kind of work			How long		Work Phone		
Monthly income is over		Supervisor's name			Supervisor's phone		
Present employer (immediately before above)			Address			City/State	
Kind of work			How long		Work Phone		
Monthly income is over		Supervisor's name			Supervisor's phone		
Height		Weight		Eye color		Hair color	
Spouse's full name			Date of birth		Male/Female		
Spouse' Social Security #			Driver's License#			State	
Spouse's present employer			Address			City/State	
Spouse 's kind of work			How long		Work Phone		
Spouse's monthly income is over		Supervisor's name			Supervisor's phone		
Spouse's Height		Weight		Eye color		Hair color	
Bank		Street		City		State	
Active checking account #			Active savings account #				
Retail credit reference (active account only)			City		Account #		Expiration date
VISA, MASTERCARD			Account #			Expiration date	
Local credit card			Account #			Expiration date	
Why are you leaving your present residence?							
Have you or your spouse ever been evicted?			Broken a rental agreement or lease contract?			Declared bankruptcy?	
Been sued for nonpayment of rent or damages to rental property?				Been convicted of a felony?			

How were you referred to us? Just dropped by: _____ Friend (name) _____ Publication (name) _____
Internet: _____ Rental agency (name): _____ Other: _____

CORRECT INFORMATION - Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references, criminal history records and credit record. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.

NON-REFUNDABLE APPLICATION PROCESSING FEE-Applicant agrees to pay \$ _____ for a non-refundable application processing fee.

Apt. No. _____ Apt. Type _____ Anticipated Move-In Date _____ Term of Lease _____

IF APPLICANT IS APPROVED:

Total Security Deposit Due	_____
(including pet)	_____
Paid with Application (Application Reservation Fee)	_____
Balance of Deposit Due	_____
First Month's Rent	_____
Total Due before Move -in	_____

I HAVE READ AND AGREE TO THE PROVISIONS AS STATEI.

Applicant's Signature

Spouse 's Signature

Acceptance by Owners Agent

Received by: _____

