

**APPLICATION FOR RENTAL**

Please have each resident submit a Separate application



**LEASING CONSULTANT** \_\_\_\_\_

**Please Tell Us About Yourself**

NAME OF APPLICANT		DATE OF BIRTH	SOCIAL SECURITY #	DRIVERS LICENSE #
NAME OF SPOUSE		DATE OF BIRTH	SOCIAL SECURITY #	DRIVERS LICENSE #
APPLICANTS PRESENT ADDRESS		CITY	STATE	ZIP
PRESENT ADDRESS: <input type="checkbox"/> Own Home <input type="checkbox"/> Parents Home <input type="checkbox"/> Rented Home <input type="checkbox"/> Student Housing		MONTHLY PAYMENT		HOW LONG?
PRESENT LANDLORD OR APARTMENT COMMUNITY NAME & ADDRESS		CITY	STATE	ZIP
PREVIOUS ADDRESS IF LESS THAN 2 YEARS		CITY	STATE	ZIP
LIST ALL OTHER PERSONS TO OCCUPY THIS APARTMENT <input type="checkbox"/> ROOMMATES <input type="checkbox"/> CHILDREN				
PETS (KEEPING A PET REQUIRES A PET DEPOSIT)		BREED	NAME	WEIGHT
				AGE
MAKE OF CAR	YEAR	LICENSE#	STATE	OTHER VEHICLES (TRUCK, MOTORCYCLE, BOAT)
				1.
MAKE OF CAR	YEAR	LICENSE#	STATE	OTHER VEHICLES (TRUCK, MOTORCYCLE, BOAT)
				2.
NAME OF NEAREST RELATIVE		ADDRESS		TELEPHONE #
NAME OF PERSONAL REFERENCE		ADDRESS		TELEPHONE #

**Please Tell Us About Your Job**

NAME OF APPLICANT'S EMPLOYER		TYPE OF WORK		SUPERVISOR	HOW LONG?
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME
					TELEPHONE #
NAME OF APPLICANT'S EMPLOYER		TYPE OF WORK		SUPERVISOR	HOW LONG?
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME
					TELEPHONE #
FORMER EMPLOYER		TYPE OF WORK		SUPERVISOR	HOW LONG?
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME
					TELEPHONE #
NAME OF SPOUSE'S EMPLOYER		TYPE OF WORK		SUPERVISOR	HOW LONG?
SPOUSE'S WORK ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME
					TELEPHONE #
OTHER SOURCE OF INCOME		AMOUNT		WHEN RECEIVED	

**Please Give Us The Following Information**

HOW DID YOU HEAR ABOUT US?			How many miles away do you work?
WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE?			
HAVE YOU EVER BEEN EVICTED BY A LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS AND DATES	
HAVE YOU PREVIOUSLY BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS AND DATES	
DO YOU FORESEE ANY NEGATIVE REPORTS ON YOUR CREDIT HISTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS AND DATES	
ANY LITIGATION, SUCH AS SUITS, JUDGEMENTS, BANKRUPTCIES, FORECLOSURES, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS AND DATES	
IN CASE OF EMERGENCY, NOTIFY: NAME:			TELEPHONE#
ADDRESS:		CITY	STATE
			RELATIONSHIP

**Please Read Carefully And Sign Below**

Applicant represents that all of the above statements are true and complete. Applicants hereby authorizes verification of above information, references, credit and criminal records, and applicant releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and/or forfeiture of deposits and may constitute a criminal offense under the laws of this state.

"I hereby consent to allow Lynnewood Gardens Apartments through its designated agents and its employee, to obtain and verify my credit information (including criminal background check) for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Lynnewood Gardens and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history, and occupancy history for account review purposes and for improving application methods"

\_\_\_\_\_  
APPLICANTS' SIGNATURE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
GUARANTOR SIGNATURE