

MANAGEMENT RENTAL APPLICATION

APPLICANT				CO-APPLICANT			
Applicant Name (include Jr. or Sr. if applicable):				Co-Applicant Name (include Jr. or Sr. if applicable):			
Social Sec. No:		Date of Birth:		Social Sec. No:		Date of Birth:	
Home Phone:		Daytime Phone:		Home Phone:		Daytime Phone:	
Driver's License No./State:	Student: __ Yes __ No	Mother's Maiden Name:		Driver's License No./State:	Student: __ Yes __ No	Mother's Maiden Name:	
Vehicle Make/Model/Year/Tag # :				Vehicle Make/Model/Year/Tag # :			
Provide Addresses for prior 24 months				Provide Addresses for prior 24 months			
Present Address (street, city, state, zip code)				Present Address (street, city, state, zip code)			
Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Present Landlord: _____ Tel.: _____				Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Present Landlord: _____ Tel.: _____			
Former Address (street, city, state, zip code)				Former Address (street, city, state, zip code)			
Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Previous Landlord: _____ Tel.: _____				Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Previous Landlord: _____ Tel.: _____			
Person(s) to occupy apartment in addition to applicants:							
Name:		Relationship:		Social Sec. No.:		Date of Birth:	
Name:		Relationship:		Social Sec. No.:		Date of Birth:	
Name:		Relationship:		Social Sec. No.:		Date of Birth:	
Pet: Yes No	Type:	Breed:		Size:	Description:		
APPLICANT EMPLOYMENT INFORMATION				CO-APPLICANT EMPLOYMENT INFORMATION			
Name & Address of Employer:		Yrs. on this job:		Name & Address of Employer:		Yrs. on this job:	
Self Employed		\$		Self Employed		\$	
Position/Title/Type of Business:		Personnel Phone:		Position/Title/Type of Business:		Personnel Phone:	
If employed in current position for less than one year or if currently employed in more than one position, complete the following.							
Name & Address of Employer:		Dates (from-to):		Name & Address of Employer:		Dates (from-to):	
Self Employed		\$		Self Employed		\$	
Position/Title/Type of Business:		Personnel Phone:		Position/Title/Type of Business:		Personnel Phone:	

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Additional Monthly Income	Applicant	Co-Applicant	Total
Bonuses/Commissions/Other			
Alimony/Child Support			
Total	\$	\$	\$

* Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

IN CASE OF EMERGENCY: (Please include one local contact)

Name:	Address:	Tel #:	Relationship:
Name:	Address:	Tel #:	Relationship:

I hereby give consent to contact the individual listed above to discuss an emergency situation. _____ **Initials**

DECLARATIONS

If you answer "yes" to any questions a through h, please use continuation sheet for explanation.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding liens or judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If yes give details as described in the preceding question.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. *Have you been convicted of a felony or a crime of violence against a person or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. *Are you listed on any government-sponsored registry naming terrorists, Most Wanted criminals or sex offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Each occupant 18 years of age or older must answer questions "g" and "h" and sign an application with the answers. False statements will be considered false statements by the applicant(s).

ACKNOWLEDGMENT AND AGREEMENT

I understand that the Reservation Deposit will be refunded to me if this Application is not approved. If this Application is approved, the Reservation Deposit shall become part of the Security Deposit and may be forfeited in accordance with applicable law if move-in does not occur. It is understood that the application processing fee is not refundable, except as provided by applicable law.

I hereby authorize Bozzuto Management Co., and its employees or agents, to verify all of the information in this application, including specifically to obtain references and credit reports or records and original background records, if applicable. I also expressly authorize Bozzuto Management Co., and its employees or agents (including a third party collection agency), to obtain references and credit reports during the term of my tenancy and after termination of my lease if such reports are needed in attempting to collect any defaulted payments or charges for any other permissible purpose. Applicant represents that all the statements herein are true.

Applicant Signature X	Date:	Applicant Signature	Date:
Management Representative Signature X		Date	

Bozzuto Management Company and the owner are committed to comply with all federal, state and local fair housing and equal housing opportunities laws.