

# A My Perfect Place Community

## Rental Application

<b>Office Use Only</b>			
Community Name:	_____	Application Date:	_____
Apartment Mailing Address:	_____	Apt #:	_____
Apartment Style:	_____	Rental Rate:	_____
Lease Term – From:	_____ To: _____	Leasing Agent:	_____

**Applicant – Write N/A when information does not apply to you**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
 State Issued: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lease Holder – must be 21 years of age or older or 21 within 90 days of occupancy.  
 Lease Occupants – Anyone 18 years and over must complete and application to occupy apartment.  
 Rent is due on the 1<sup>st</sup> of the Month at the management office.  
 Renters Insurance is requirement for living at this community. Proof required. Resident is responsible for placing utilities in their name and providing proof prior to move in.  
 We would like to take this opportunity to inform you: The Community has a NO CASH policy. Thank you for choosing our community. We look forward to your stay.

**Pet(s)**

Do you have any pets?  No, I have no pets at this time  Yes, Type: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_  
 Type: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

**Automobile**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Occupants**

Total # of occupants (including applicant): \_\_\_\_\_

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 2. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 3. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Employment**

Current Employer: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Monthly Gross Income: \$ \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 HR Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If above is less than two (2) years:**

Previous Employer: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Application fee (non-refundable):	\$ _____	<u>Security Deposit(s)</u>	
Lease Administration Fee (non-refundable):	\$ _____	Apartment:	\$ _____
Pet Fee (one-time):	\$ _____	Pet(s):	\$ _____
Full Month Rent Rate (move-in after 15 <sup>th</sup> ):	\$ _____	Other:	\$ _____
Prorate Rent (partial month rent, if applicable):	\$ _____	Total Due:	\$ _____
Parking/Garage Rent:	\$ _____	Less Amount Rcvd (app fee, deposit):	\$ _____
Pet Rent:	\$ _____	Balance Due at Move-In:	\$ _____
Other Rent (describe):	\$ _____		

May require greater security deposit pending applicant's qualifying criteria results.  
**All Move-in monies must be in the form of a cashiers check or money order and due prior to signing the lease and taking possession of the apartment.**  
**All lease holders must be present to sign lease to gain possession.**



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<b>Emergency Contact Information</b>			
Emergency Contact Name: _____	Relationship: _____		
Address: _____	Phone: _____		
City: _____ State: _____	Zip: _____		

<b>Background Information</b>			
<input type="checkbox"/> Home Owner	<input type="checkbox"/> Renter	<input type="checkbox"/> Living with Family	Are you presently under a lease term? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____
Landlord/Mortgage-Holder Name: _____	Phone: _____		
Address _____			
City: _____ State: _____	Zip: _____		
Move-In Date: _____	Monthly Payment: \$ _____		
<b>If above is less than two (2) years</b>			
Previous Landlord Name: _____	Phone: _____		
Address _____			
City: _____ State: _____	Zip: _____		
Move-In Date: _____	Monthly Payment: \$ _____		

<b>Credit Card(s)</b>	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Other: _____	Expiration Date: _____
Name on Card: _____	Account #: _____
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Other: _____	Expiration Date: _____
Name on Card: _____	Account #: _____

<b>Banking Information</b>	
Bank: _____	Branch: _____
Checking Account #: _____	Savings Account #: _____

<b>Within the last two (2) years have you:</b>			
1. Declared Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____	3. Not Fulfilled a Lease Term? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____		
2. Been Evicted? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____	4. Reason for 2 or 3, if Yes: _____		

<b>Criminal History</b>
Have you ever been arrested for a felony, misdemeanor, or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please indicate the year, name of the Court, and type of each felony, misdemeanor, and sex-related crime other than those resolved by dismissal or acquittal. We may need additional information before accepting you as a resident:

<b>How Did You Hear About Our Community?</b>
<input type="checkbox"/> Resident: _____
<input type="checkbox"/> Referral Agency: _____
<input type="checkbox"/> Apartment Guide: _____
<input type="checkbox"/> Internet: _____
<input type="checkbox"/> Newspaper: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Drive-By
What feature(s) attracted you to our community? _____

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A non-refundable Application fee of \$ _____ is required for the processing of this application.
A non-refundable Administrative fee of \$ _____ is required for the preparation of this application and related lease documentation.
A deposit of \$ _____ is also required at this time. If the application is approved this deposit will be applied to the security deposit at the time of move-in.
Acceptance of this application is not binding on Management until this application is approved. This application must be signed before processing.
Applicant may withdraw this application within 72 hours of its submission and all moneys paid shall be refunded, except the Application fee. If applicant is approved and fails to execute a lease agreement or refuses to occupy the premises on the agreed-upon date, all monies paid shall be retained by Management as liquidated damages. If the application is not approved, all monies shall be refunded, except the Application fee.
The undersigned Applicant hereby certifies that the information given herein is complete, true and correct. Owner and its agent/manager are hereby authorized to contact persons/entities identified above, to obtain background information on Applicant, to verify the accuracy and correctness of the statements contained herein, and to procure such other information which Owner or agent/manager may require to evaluate this application. Applicant has the right to dispute the accuracy of information provided by Owner's/manager's screening service. Any false or inaccurate information will constitute grounds for denial of this application.

I HAVE READ AND UNDERSTAND THE FOREGOING PROVISIONS

Signature: _____	Date: _____
Signature: _____	Date: _____
Leasing Agent: _____	Rent Amount: \$ _____
Reserve Apt #: _____ Move-In Date: _____	Lease Term (months): _____
Approved By: _____	Date: _____