

Tell Us About Yourself (use additional sheets if necessary)

First Name		Middle Name		Last Name	
Social Security # or Individual Taxpayer ID #		Driver's License # or State Issued ID #		State of Issuance	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Complete Supplemental Application
Date of Birth		Other Names Used in Last 10 Years		E-mail Address	
Applicant's Present Address		County		Work Telephone #	
City	State	Zip	Home Telephone #	Mobile Telephone #	

List all other persons to occupy apartment, including date of birth (if 18 years or older, must fill out application as an applicant)

Name	Date of Birth	Name	Date of Birth	Name	Date of Birth	Name	Date of Birth
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Present Address Is (Check One)

Own Home Parent's Home Rented Home Rented Apartment Student Housing Other: _____

If Renting: Present Landlord or Apartment Community/If Owned: Name of Mortgage Company From: To:

Address of Present Landlord/Apartment Community/Mortgage Company

City	State	Zip	Telephone #
Monthly Payment	From:	To:	Anticipated Move-Out Date:
			Reason for Leaving:

Applicant's Previous Address (If less than two years at present address) (Check one)

Own Home Parent's Home Rented Home Rented Apartment Student Housing Other: _____

If Renting: Present Landlord or Apartment Community/If Owned: Name of Mortgage Company From: To:

Address of Present Landlord/Apartment Community/Mortgage Company

City	State	Zip	Telephone #
Monthly Payment	From:	To:	Move-Out Date:
			Reason for Leaving:

Have you lived in an Affinity Investment Management Services, Inc. community before?

Yes No

If Yes, which one (including city and/or state) From: To:

Employment

Employer		Monthly Gross Income	
Address		City	State Zip
Type of Work	Position Held	Industry	
Supervisor	Supervisor's Telephone #	From:	To:
Other Source(s) of Income	When Received	Amount	Monthly Income from Other Sources

Former Employer (If less than two years at current job)

Address		City	State Zip
Type of Work	Position Held	Industry	
Supervisor	Supervisor's Telephone #	From:	To:

Motor Vehicles (including cars, trucks, vans, boats, motorcycles):

Make/Model	Year	Color	License Plate #	State
1.				
2.				
3.				

Pets (keeping of pets requires Lessor's consent)

Breed	Name	Weight/Height	Age
1.			
2.			



Person to Notify in Case of Emergency, Death or Incapacity* (cannot be someone who intends to reside in the premises)

Name of Nearest Relative _____ Relationship _____

Address _____ City _____ State _____ Zip _____ Telephone # _____

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community? Yes No
If so, identify the person and the type of special assistance required.

Criminal Background Information

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
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Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes" to any of the above questions, give details and dates: _____

How did you hear about our community? Internet (Which Site?) _____
 Walk-By Rental Publication (Which One?) _____ Rental Agency (Which One?) _____
 Locator Service (Which One?) _____ Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information: Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about Applicant and any occupants in the apartment in order to verify the above information. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant understands that the Owner's agent may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlord, mortgage company and other creditors. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant. **It is your responsibility to obtain a receipt for rental payments, fees, and deposits. Absolutely no cash is accepted. Incomplete money orders will not be accepted. All money orders and cashier checks should have your name, address and the name of the property. Failure to collect a receipt for payment may result in the loss of rental payment.**

I have read and agree to the provisions as stated. Applicant Processing Fee Required with Application: \$ _____

Applicant Signature **X** _____ Total Holding Deposit Per Apartment (if any): \$ _____

Date: _____

* Authorization for Providing Access in the Event of Emergency, Death or Incapacity. If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liability, claims or damages arising out of or in connection with our granting such access to the person you named.

** Holding Deposit Agreement. You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the premises for you. You understand that the premises will not be taken of the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of

the holding deposit, in such instance is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.

OFFICE USE ONLY

Apartment Number _____
Apartment Size/Description _____
Anticipated Move-in Date _____
Lease Start Date _____
Lease End Date _____
Monthly Apartment Rent _____

Application Approved By:

Property Managers Signature
Approved On: _____
Date