

"THE FALLS"

APPLICATION FOR RESIDENCY AND AGREEMENT TO LEASE

COMMUNITY				ADDRESS OF APPLIED FOR PREMISES:			
NAME	LAST	FIRST	MIDDLE	MAIDEN	DATE OF BIRTH	SOCIAL SECURITY #	
SPOUSE						SPOUSE SS#	
MARITAL STATUS		PRESENT PHONE NO. ()		9:00 TO 5:00 CONTACT PHONE NO. ()		PETS (Keeping of pets requires a pet deposit and owner's written consent) BREED WT. AGE	
CHILDREN		NAME AGE		NAME AGE		NAME AGE	
OCCUPYING							
PRESENT ADDRESS	STREET #	NAME	APT. #	CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT SINCE / /
LANDLORD	STREET #	NAME	APT. #	CITY	STATE	ZIP	PHONE NO. ()
MRTG. CO.							
PREVIOUS ADDRESS	STREET #	NAME	APT. #	CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT FROM / / TO / /
LANDLORD	STREET #	NAME	APT. #	CITY	STATE	ZIP	PHONE NO. ()
MRTG. CO.							
PREVIOUS ADDRESS	STREET #	NAME	APT. #	CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT FROM / / TO / /
LANDLORD	STREET #	NAME	APT. #	CITY	STATE	ZIP	PHONE NO. ()
MRTG. CO.							

<p>RENTAL FEES TO BE CHARGED</p> <p>Monthly Rental Basic Apartment Unit as described \$ _____</p> <p>OPTIONAL FACILITIES:</p> <p><input type="checkbox"/> _____ \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p> <p><input type="checkbox"/> _____ \$ _____</p> <p>Total monthly charges agreed to by applicant and agent for unit described above \$ _____</p> <p>Applicant offers to lease the premises per this application for a term of _____ months.</p>	<p>Occupancy Date Requested _____ 20 _____</p> <p>First month Rental Charge (pro-rated) \$ _____ (Subject to charge depending on move-in date)</p> <p>First full month Rental Charges \$ _____</p> <p>Optional Facilities Charges \$ _____</p> <p>Non-refundable Application Charge \$ _____</p> <p>Number of bedrooms _____</p> <p>Non-refundable charge to prepare premises for occupancy \$ _____</p> <p>Other \$ _____</p> <p>Security Deposit due in advance \$ _____</p> <p>Total payment due in advance of occupancy if application approved \$ _____</p> <p>\$ _____ Deposit tendered with application is to be applied first towards payment of total advance payment referred to above and any balance toward succeeding month's rent, if application is approved \$ _____</p> <p>Estimated balance due in advance of occupancy \$ _____</p>
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APARTMENT TYPE:	PRESENT EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE# ()
		POSITION	SUPERVISOR	MONTHLY INCOME	SINCE	/ /	/ /
	PREVIOUS EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE# ()
		POSITION	SUPERVISOR	MONTHLY INCOME	SINCE	/ /	/ /
	SPOUSE S EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE# ()
		POSITION	SUPERVISOR	MONTHLY INCOME	SINCE	/ /	/ /
	TOTAL ASSETS	OTHER SOURCE OF INCOME					
	NEAREST RELATIVE	NAME	FULL ADDRESS	CITY	STATE	ZIP	PHONE# ()
	NEAREST RELATIVE	NAME	FULL ADDRESS	CITY	STATE	ZIP	PHONE# ()
	EMERGENCY (DOCTOR) CONTACT	NAME	FULL ADDRESS	CITY	STATE	ZIP	PHONE# ()
	AUTOMOBILE CAR	YEAR	MAKE	MODEL	COLOR	TAG#	2ND CAR YEAR MAKE MODEL COLOR TAG#
	PERSONAL DRIVER'S LIC	SPOUSE DRIVER'S LIC					
	BANK REF	NAME	LOCATION	CITY	STATE	ZIP	ACCT# PHONE#

"I hereby authorize The Falls of Pembroke to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release The Falls of Pembroke, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies."

APARTMENT DEPOSIT AGREEMENT: I/We hereby deposit \$ _____ with Management as a good faith deposit in connection with this application for residency. If my/our application is approved, I/We understand this amount will be applied toward payment of total monies due at move-in. If for any reason Management declines this application, then Management will refund this deposit minus a credit inquiry fee of \$ _____. If this application is approved and applicant fails to occupy premises on the agreed upon date, except for delay caused by construction or the holding over a prior resident, it is understood the Apartment Deposit shall be forfeited to Management _____.

WE HAVE READ AND AGREED TO THE PROVISIONS AS STATED **COMMUNITY AGENT:** _____

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____ Approved By: _____