

NAME _____ BIRTHDATE _____ SOCIAL SECURITY # _____

FOR OFFICE USE ONLY

SPOUSE'S NAME _____ BIRTHDATE _____ SOCIAL SECURITY # _____

OTHER OCCUPANTS: Name / Age / Sex _____

PRESENT ADDRESS: _____ Zip: _____ DATES: ___/___/___/___/___/___

NAME OF APARTMENT COMMUNITY OR LANDLORD: _____ RENTAL PAYMENT: _____ PHONE #: _____

PREVIOUS ADDRESS: _____ Zip: _____ DATES: ___/___/___/___/___/___

RENTAL REFERENCE

EMPLOYER: _____ OCCUPATION: _____ SUPERVISOR: _____ PHONE NO.: _____

LENGTH OF EMPLOYMENT: ___/___/___ - ___/___/___ GROSS MONTHLY INCOME: \$ _____

SPOUSE'S EMPLOYER: _____ OCCUPATION: _____ SUPERVISOR: _____ PHONE NO.: _____

LENGTH OF EMPLOYMENT: ___/___/___ - ___/___/___ GROSS MONTHLY INCOME: \$ _____

CREDIT REFERENCE

CREDITOR: _____ ACCOUNT NUMBER: _____ PHONE #: _____

CREDITOR: _____ ACCOUNT NUMBER: _____ PHONE #: _____

CREDITOR: _____ ACCOUNT NUMBER: _____ PHONE #: _____

EMPLOYMENT VERIFICATION

PERSONAL REFERENCE

NAME: _____ ADDRESS: _____ PHONE #: _____

NAME: _____ ADDRESS: _____ PHONE #: _____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE #: _____

AUTOMOBILES

YEAR: _____ MAKE: _____ COLOR: _____ LICENSE #: _____

YEAR: _____ MAKE: _____ COLOR: _____ LICENSE #: _____

CREDIT RATING

PETS

TYPE: _____ BREED: _____ SIZE: _____ HT. _____ WT. _____ COLORING: _____

APPROVAL

HOME PHONE NUMBER: _____ NUMBER DURING OFFICE HOURS: _____

DATE

DATE NOTIFIED

(CONTINUED ON BACK)

Any representations, promises, or agreements as to date of possession are contingent upon approval of this application. This is only an application for residency and cannot be construed as a lease or agreement thereof. It is further understood that the premises are to be used as a residence only to be occupied by not more than _____ persons; and that occupancy is subject to possession being delivered by present occupants (if apartment is occupied).

A deposit in the amount of \$ _____ has been made with the clear understanding that this application is subject to approval and if accepted becomes part of the lease and the representations made herein are a material inducement to management accepting applicant. Any misrepresentation made herein causing application to be rejected will forfeit deposit made. Applicant has 72 hours after date of deposit to cancel the apartment reservation and receive reimbursement of said deposit. If after 72 hours applicant fails to execute a lease or take possession of apartment at the pre-designated date the deposit in the amount of \$ _____ will be forfeited as liquidated damages. If this application is not approved, the deposit will be refunded; the applicant hereby waives any claim for damages by reason of non-acceptance of this application which may be rejected without stating any reason for so doing.

APPLICANT _____ DATE _____

AGENT _____ DATE _____

APARTMENT APPLIED FOR: _____

DATE DESIRED: _____

MONIES DELIVERED WITH THIS APPLICATION

Deposit	\$ _____
Application Fee (Non-Refundable)	\$ _____
Pet Fee	\$ _____
Other	\$ _____
TOTAL	\$ _____

RENTAL AMOUNT _____ LEASE TERM _____

PET _____ JOB TRANSFER ADDENDUM _____

RESIDENTIAL REFERRAL _____ W/D _____ CARPORT/GARAGE _____

STORAGE UNIT _____



APARTMENTS

Thank you for your consideration in making
Promenade Park Apartments
 your new home.
 Of course, for your protection
 and with your best interests in mind, the
 enclosed questions are considered necessary.