



APPLICATION FOR LEASE

COMMUNITY _____

DATE _____ / _____ / _____
 TIME: _____ [] AM
 _____ [] PM

Type of Apartment Desired: STUDIO _____ 1BR _____ 2BR _____ 3BR _____
 GARDEN _____ TOWNHOUSE _____

Date Occupancy Desired: _____ / _____ / _____ Traffic Source _____ Agent _____

APARTMENT OCCUPANTS (Note: All adults to occupy apartment must sign the lease.)

NAME (Head of Household)	Phone #: E-Mail:	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	SOCIAL SECURITY #
NAME		Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Child	SOCIAL SECURITY #
NAME		Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Child	SOCIAL SECURITY #
NAME		Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Child	SOCIAL SECURITY #
NAME		Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Child	SOCIAL SECURITY #

IN CASE OF EMERGENCY - NOTIFY: (Nearest relatives not living with you.)

Name	Address	City / State / Zip	Phone ()	Relationship
Name	Address	City / State / Zip	Phone ()	Relationship

COMPLETE THE FOLLOWING WHERE APPLICABLE:

EMPLOYMENT

Present Employer (Name of Company)	Address	Business Phone: ()
Supervisor's Name Phone:	Your Position:	How Long?
Former Employer	Address	Gross Income: \$ [] Year [] Month
Supervisor's Name Phone:	Your Position:	Business Phone: ()
Spouse's Present Employer	Address	Gross Income: \$ [] Year [] Month
Supervisor's Name Phone:	Position - Spouse:	Business Phone: ()
		Gross Income: \$ [] Year [] Month

OTHER INCOME (i.e. part-time job, assistance, disability, pensions, asset interest, etc.)

Source	Monthly Gross: \$	Source	Monthly Gross: \$	Source	Monthly Gross: \$
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Income from alimony, child support or maintenance payments need not be revealed if you choose not to disclose such income. Is any of the above monthly income derived from alimony, child support or maintenance payments? [] Yes [] No

RESIDENCE HISTORY

Present Address	Apt./Landlord/Mortgage Name	Business Phone ()	How Long?	Monthly Payments \$	Reason for Moving from Present Address: <input type="checkbox"/> Job Transfer <input type="checkbox"/> Better Location <input type="checkbox"/> Price <input type="checkbox"/> Management <input type="checkbox"/> Maintenance <input type="checkbox"/> Other
Former Address	Apt./Landlord/Mortgage Name	Business Phone ()	How Long?	Monthly Payments \$	

BUSINESS REFERENCES

BANK(S)	Institution	Address	City / State / Zip
	Account #: Checking -	Savings -	Name on Account:
	Institution	Address	City / State / Zip
	Account #: Checking -	Savings -	Name on Account:
SAVINGS & LOAN	Institution	Address	City / State / Zip
	Account #: Checking -	Savings -	Name on Account:
OTHER	Institution	Address	City / State / Zip
	Account #: Checking -	Savings -	Name on Account:

CREDIT REFERENCES (List all open credit and loan accounts. Show what loan covers; i.e. auto, motorcycle, boat, house, etc.)

Paid to:	Account #:	For:	Monthly Payments: \$	Balance Owed: \$

AUTO(S) - MOTORCYCLE - BOAT - CAMPER / RV - PET - LIQUID-FILLED FURNITURE

Driver's License #:	State:	Spouse's Driver's License #:	State:
Auto(s): Make - Year - Lic. Plate # / State:		Auto(s): Make - Year - Lic. Plate # / State:	
Auto(s): Make - Year - Lic. Plate # / State:		Auto(s): Make - Year - Lic. Plate # / State:	
Liquid-Filled Furniture: <input type="checkbox"/> No <input type="checkbox"/> Yes - explain		Pets: <input type="checkbox"/> No <input type="checkbox"/> Yes - Type:	Weight at maturity:
Motorcycle: <input type="checkbox"/> No <input type="checkbox"/> Yes - Make	Boat: <input type="checkbox"/> No <input type="checkbox"/> Yes - Size / Make	Camper / RV: <input type="checkbox"/> No <input type="checkbox"/> Yes - Size / Make	

GENERAL

Have you or your spouse ever been sued? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, explain:
Have you or your spouse ever filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, when: _____ Where?
Have you or your spouse been convicted of a felony within the last ten (10) years? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, explain:

Use this area for any additional information you feel might expedite your application:

