



Unit \_\_\_\_\_

Move In Date \_\_\_\_\_

### APPLICATION TO RENT

APARTMENT COMMUNITY NAME	APARTMENT ADDRESS	APARTMENT TYPE	LENGTH OF LEASE	DEPOSIT	RATE
				\$	

**EACH ADULT APPLICANT MUST COMPLETE A SEPARATE APPLICATION. PLEASE PRINT. BE COMPLETE.**

Full Legal Name (Include Maiden) of all Proposed Occupant(s)	Relationship	Date of Birth	Age	Social Security Number

Current Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Have you ever been divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now or do you plan to become a full time student? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, number of times _____

Do you have any pets? \_\_\_\_\_ Description \_\_\_\_\_ Weight & Height \_\_\_\_\_

**PRESENT EMPLOYER**

COMPANY NAME
ADDRESS
( )
TELEPHONE NUMBER SUPERVISOR NAME
\$ MONTHLY INCOME (GROSS)
JOB DESCRIPTION
EMPLOYMENT DATES FROM TO

**PREVIOUS EMPLOYER**

COMPANY NAME
ADDRESS
( )
TELEPHONE NUMBER SUPERVISOR NAME
\$ MONTHLY INCOME (GROSS)
JOB DESCRIPTION
EMPLOYMENT DATES FROM TO

**PRESENT RESIDENCE**

PRESENT ADDRESS \$ MONTHLY RENT/PYMT
CITY STATE ZIP CODE
FROM TO ( ) YOUR TELEPHONE NUMBER
NAME OF OWNER AND/OR APARTMENT COMMUNITY ( ) OWNER PHONE NUMBER

**PREVIOUS RESIDENCE**

PRESENT ADDRESS \$ MONTHLY RENT/PYMT
CITY STATE ZIP CODE
FROM TO ( ) YOUR TELEPHONE NUMBER
NAME OF OWNER AND/OR APARTMENT COMMUNITY ( ) OWNER PHONE NUMBER

**AUTOMOBILE**  CHECK BOX IF YOU OWN AN ADDITIONAL AUTO, MOTORCYCLE, RV OR BOAT/TRAILER.

YEAR, MAKE, MODEL & COLOR OF APPLICANT'S CAR \$ MONTHLY PAYMENT
LICENSE NUMBER STATE # DRIVER LICENSE NUMBER

**IN CASE OF AN EMERGENCY NOTIFY**

APPLICANT'S NEAREST RELATIVE OTHER THAN SPOUSE ( ) TELEPHONE NUMBER
ADDRESS CITY/STATE RELATIONSHIP

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood the application fee of \$ \_\_\_\_\_ is non-refundable. Applicants have 7 days to supply all information needed to process the application. In the event all information is not submitted within the 7 days, management reserves the right to cancel the application. I authorize and direct any Federal, State or local agency, organization, business or individual to release information and to verify my application for residency based on a copy of this authorization.

I agree that previous or current information regarding my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity and marital status, child support, alimony, employment, income and assets, credit and criminal activity, residences and rental activity. This authorization extends to information relating to all minors of which the undersigned has custody. This authorization will stay in effect for four years from the date signed.

ADULT APPLICANT SIGNATURE \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ I agree to notify management of any known changes to this application that would be effective prior to move-in or thereafter.  
(INITIAL)

Application Received By: \_\_\_\_\_

*Pedcor Management Corporation does not discriminate against applicants based on race, sex, age, religion, national origin, familial status or handicap. All supporting documentation is attached.*

MANAGER APPROVAL
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