

APPLICATION FOR LEASE

COMMUNITY _____

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

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

GARDEN _____ TOWNHOUSE _____

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

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

NAME (Head Of Household) E-Mail: _____	Phone # _____	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? _____	Gross Income: \$ _____ Business Phone: () [] Year [] Month
Former Employer	Address	
Supervisor's Name Phone: _____	Your Position: _____ How Long? _____	Gross Income: \$ _____ Business Phone: () [] Year [] Month
Spouse's Present Employer	Address	
Supervisor's Name Phone: _____	Position - Spouse: _____ How Long? _____	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 denied from alimony, child support or maintenance payments? Yes No

1. I hereby apply for and offer to lease the apartment described herein for the lease term stated, at the rental and upon the terms and conditions set forth herein and in Lessor's standard lease form. I warrant that all of the representations in this application are true and correct.

2. I understand that occupancy of the apartment is limited to persons listed above under "Apartment Occupants" I understand that if children are occupants of the premises it is my responsibility to supply adequate supervision at all times.

3. Simultaneously with the execution of the application I am making a deposit in a sum of S _____ plus S _____ charge for an investigative report, it being understood that the charge for the investigative report is not refundable. Upon execution of the lease by me it is understood that this deposit will be retained by the Lessor and applied to the Security Deposit under the terms and conditions contained in the lease. It is further understood that at the time I execute the lease on the premises I will pay the first month's rental and the balance of the Security Deposit. I understand that a covenant of the lease requires rental payments on or before the first day of each and every month thereafter in advance.

4. I agree that the Lessor may retain said deposit as liquidated damages for its costs and expenses, and not as a penalty, if any of the representations made by me herein are false. I further agree that my deposit is non-refundable (except for the provision of paragraph 5 herein) and the deposit will be retained if an apartment is held for me for more than seventy-two (72) hours from the inception date of the application and I do not execute a lease for the apartment described herein (or any other apartment mutually agreed upon).

5. I understand that Lessor will refund said deposit to me if the apartment specified (or any other apartment mutually agreed upon) is not available, or if this application is rejected by the Lessor for any reason.

6. I understand that I acquire no rights on any apartment until I sign a lease in the form submitted to me; until all monies are paid to the Lessor as set forth above; and the lease is executed by Lessor.

7. As is customary in the business, I understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I understand that an investigative consumer report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of the investigation requested may include information obtained through personal interviews concerning residence verification, marital status, number of dependents, employment, occupation, habits, reputation and mode of living.

8. I understand that my application may be rejected if during the investigation there are found to be judgments, lien(s), or bankruptcy in my personal credit history.

9. I agree to submit to Lessor valid photo identification (such as a state driver's license).

10. Liquid-filled furniture (waterbeds, etc.), boats, campers / RVs and/or pets are not allowed without prior written authorization.

The term Lessor shall include the Owner-Landlord and Michelson Realty Company as managing agent and any affiliate, agent or employee thereof

Signature: _____ Date: ____ / ____ / ____
Applicant

Signature: _____ Date: ____ / ____ / ____
Applicant

Signature: _____ Date: ____ / ____ / ____
Applicant

Signature: _____ Date: ____ / ____ / ____
Authorized Agent