



COMMUNITY NAME

SafeRent Transaction # _____

Apt. Applied for: _____

Leasing Agent: _____

Referred by: _____

APPLICATION FOR RENTAL

APPLICANT INFORMATION

APPLICANT'S NAME LAST	FIRST	M.I.	BIRTHDATE /	SS#	DRIV. LIC. & STATE
SPOUSES NAME LAST	FIRST	M.I.	BIRTHDATE /	SS#	DRIV. LIC. & STATE
EMAIL ADDRESS			HOME FAX #		
PRESENT ADDRESS APT #	CITY	STATE	ZIP CODE	RENT/OWN	HOME PHONE NUMBER:
HOW LONG AT THIS ADDRESS	MONTHLY RENT	LANDLORD/MORTGAGE CO.			
PREVIOUS ADDRESS APT #	CITY	STATE	ZIP CODE	RENT/OWN	HOME PHONE NUMBER:
HOW LONG AT THIS ADDRESS	MONTHLY RENT	LANDLORD/MORTGAGE CO.			
NAME OF PERSONS TO OCCUPY APARTMENT				RELATIONSHIP	DATE OF BIRTH
_____				_____	_____
_____				_____	_____

EMPLOYMENT

PRESENT EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY \$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE	
PREVIOUS EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY \$	PER
SPOUSE'S EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY \$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE	

OTHER SOURCES OF INCOME

BANK REFERENCES:	LOCATION (BRANCH)	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.
BANK			
ADDITIONAL INCOME - DESCRIBE SOURCE AND HOW TO VERIFY			\$ PER
			\$ PER

PERSONAL

NO. OF VEHICLES TO BE PARKED ON COMMUNITY:			
VEHICLES - TYPE	LICENSE NO.	COLOR	YEAR
(1)			
(2)			
IN CASE OF EMERGENCY, CONTACT:	RELATIONSHIP	ADDRESS	PHONE NO.
PETS:	NUMBER	WEIGHT	
Have you ever been arrested for anything other than a minor traffic accident for which charges are still pending? _____ Explain:			

TO BE FILLED IN BY MANAGEMENT

RENTS	IN ADDITION TO ALL OTHER PAYMENT REQUIRED OF APPLICANT(S) HEREUNDER, APPLICANT AGREES TO PAY THE FOLLOWING AMOUNT(S):		
\$ _____ MARKET RENT	\$ _____	DEPOSIT, INCLUDES ADDITIONAL DEPOSIT IF APPLICABLE	PET FEE
\$ _____ FURNITURE, WASHER/DRYER	\$ _____	PET DEPOSIT	
\$ _____ PARKING, GARAGE, STORAGE	\$ _____	APPLICATION FEE	
\$ _____ TOTAL MONTHLY PAYMENT	\$ _____	NON REFUNDABLE ADMINISTRATION FEE	
	\$ _____		
PRO-RATE RENT \$ _____ FROM _____ TO _____.			
APPROVALS: DATE PROCESSED _____ APPROVED _____ NOT APPROVED _____ APPROVED WITH ADDITIONAL DEPOSIT _____			

LEASE OR RENTAL PERIOD TO COMMENCE ON _____ END _____ LESSOR ACKNOWLEDGES RECEIPT OF \$ _____ BY MONEY ORDER # _____ OR CHECK(S) # _____ AS EARNEST MONEY DEPOSIT ON ACCOUNT FOR THE ABOVE DESCRIBED APARTMENT. APPLICANT UNDERSTANDS THAT THERE IS A NON-REFUNDABLE APPLICATION FEE OF \$ _____. APPLICANT UNDERSTANDS THAT THE DEPOSIT OF \$ _____ FOR APARTMENT # _____ IS ONLY REFUNDABLE IF THIS APPLICATION IS REJECTED BY THE MANAGEMENT, CANCELLED IN WRITING WITHIN 72 HOURS OR AT THE TIME OF MOVE OUT IF ALL OF THE TERMS AND CONDITIONS OF THE LEASE AGREEMENT ARE FULFILLED.

I HEREBY CONSENT TO ALLOW FOGELMAN MANAGEMENT GROUP, THROUGH ITS DESIGNATED AGENT AND ITS EMPLOYEES, TO OBTAIN MY CREDIT INFORMATION AND CRIMINAL BACKGROUND FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO LEASE ME AN APARTMENT. I UNDERSTAND THAT SHOULD I LEASE AN APARTMENT, FOGELMAN MANAGEMENT GROUP AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW MY CREDIT INFORMATION, RENTAL APPLICATION, PAYMENT HISTORY AND OCCUPANCY HISTORY FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS.

SIGNATURE OF APPLICANT(S)

DEPOSIT RECEIVED

X _____ Date _____

x _____ DATE _____

X _____ Date _____

FOGELMAN MANAGEMENT GROUP ASSOCIATE SIGNATURE

FOR OFFICE USE ONLY:

GOVERNMENT ISSUED ID VERIFIED (FOR INDIVIDUALS PRESENT AT THE SITE ONLY):

NAME	ID TYPE*	ID #:
NAME	ID TYPE*	ID #: