



OFFICE USE ONLY

DATE LEASED _____ LEASE TERM _____ SOURCE _____ AGENT _____
 APARTMENT # _____ MONTHLY RENTAL \$ _____
 GARAGE # _____ MONTHLY RENTAL \$ _____
 WASHER/DRYER _____ MONTHLY RENTAL \$ _____
 STORAGE # _____ MONTHLY RENTAL \$ _____
 ANTICIPATED MOVE-IN DATE _____

PERSONAL INFORMATION

NAME OF APPLICANT		TELEPHONE NO.	DATE OF BIRTH	DRIVER'S LICENSE NO.
PRESENT ADDRESS		HOW LONG?	MARITAL STATUS	SOCIAL SECURITY NO.
CITY	STATE, ZIP	APPLICANT'S MONTHLY INCOME		SPOUSE'S MONTHLY INCOME
PRESENT LANDLORD OR APARTMENT COMMUNITY				TELEPHONE NO.
ADDRESS			MONTHLY PAYMENT	HOW LONG?
PREVIOUS ADDRESS				HOW LONG?
NAME OF SPOUSE		DRIVER'S LICENSE NO.	DATE OF BIRTH	SOCIAL SECURITY NO.
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT		DATE OF BIRTH	PETS- TYPE, SIZE, COLOR, NAME, COLLAR #	
MAKE OF CAR/MODEL	YEAR/COLOR	LICENSE NO.	STATE	OTHER VEHICLES (TRUCK, BOAT, MOTORCYCLE) 1.
MAKE OF CAR/MODEL	YEAR/COLOR	LICENSE NO.	STATE	OTHER VEHICLES (TRUCK, BOAT, MOTORCYCLE) 2.
NAME (NEAREST RELATIVE)		ADDRESS		TELEPHONE NO.
NAME (PERSONAL REFERENCE)		ADDRESS		TELEPHONE NO.
IN CASE OF EMERGENCY		ADDRESS		TELEPHONE NO.

EMPLOYMENT HISTORY

NAME OF EMPLOYER		OCCUPATION	CONTACT	HOW LONG?
ADDRESS		CITY	STATE, ZIP	TELEPHONE NO.
FORMER EMPLOYER		OCCUPATION	CONTACT	HOW LONG?
ADDRESS		CITY	STATE, ZIP	TELEPHONE NO.
NAME OF SPOUSE'S EMPLOYER		OCCUPATION	CONTACT	HOW LONG?
SPOUSE'S WORK ADDRESS		CITY	STATE, ZIP	TELEPHONE NO.

BANK AND CREDIT REFERENCES

BANK NAME	ADDRESS	(Circle type of account) CHECKING/SAVINGS/LOAN	ACCOUNT NO.
BANK NAME	ADDRESS	(Circle type of account) CHECKING/SAVINGS/LOAN	ACCOUNT NO.
NAME	ADDRESS	ACCOUNT NO.	
NAME	ADDRESS	ACCOUNT NO.	

WHY DID YOU CHOOSE TO RENT AT OUR COMMUNITY? _____
 WHY ARE YOU LEAVING YOUR PRESENT LANDLORD? _____
 HAVE YOU OR YOUR SPOUSE EVER BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY? _____
 HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED? _____
 HAVE YOU OR YOUR SPOUSE EVER BROKEN A RENTAL AGREEMENT? _____

I (We) have deposited the sum of _____ CHECK NO. _____ (hereinafter "earnest money deposit") in consideration for Owner taking the apartment off the market while processing this application. If this application is approved, I (We) agree to enter into an Apartment Lease Contract for said apartment unit. The "earnest money deposit" shall be refunded to me (us) if this application is NOT approved or if I (We) withdraw this application within 72 hours of the above date. After stated hours or if I (We) refuse to enter into an Apartment Lease Contract when offered by Owner, the "earnest money deposit" shall be retained as liquidated damages.

I (We) have paid _____ CHECK NO. _____ as a non-refundable processing fee for the cost of processing this application.

I (We) acknowledge the above information is true and correct, and authorize verification of ALL above information. Any false information may constitute grounds for rejection of the application.

At the time the Apartment Lease Contract is executed the "earnest money deposit" will be applied to and become part of the Security Deposit.

I (We) have read and agree to ALL provisions stated above.

 APPLICANT'S SIGNATURE

 SPOUSE'S SIGNATURE