

CREDIT APPLICATION FOR APARTMENT

We hope we have an apartment that is right for you, but we cannot commit ourselves until we process and approve your application.
If you have a disability and need accommodation, please let us know.

★ PLEASE FILL OUT APPLICATION COMPLETELY. IF UNKNOWN, WRITE UNKNOWN. IF NOT APPLICABLE, WRITE N/A. ★

PLEASE INCLUDE FULL NAMES OF ALL POTENTIAL APPLICANTS, OCCUPANTS, OR COSIGNERS

First	Middle	Last	Social Security/ Tax ID Number	Relationship	Resident, Occupant, or Cosigner	Date of Birth	Age	Sex (Optional)

1. CURRENT RESIDENCE

Address _____ City _____ State _____ Zip _____ Cell Phone _____ Home Phone _____

Own or Rent \$ _____

How long? _____ Monthly Payment _____ Name of Mortgage Holder, Landlord or Apartment Community _____ Phone # _____

2. PREVIOUS RESIDENCE

Address _____ City _____ State _____ Zip _____

Own or Rent \$ _____

How long? _____ Monthly Payment _____ Name of Mortgage Holder, Landlord or Apartment Community _____ Phone # _____

3. APPLICANT'S EMPLOYER

Name _____ Length of Employment _____ Monthly Gross (before tax) pay _____ Phone # _____

Position _____ Address _____ City _____ State _____ Zip _____

4. SPOUSE'S EMPLOYER

Name _____ Length of Employment _____ Monthly Gross (before tax) pay _____ Phone # _____

Position _____ Address _____ City _____ State _____ Zip _____

5. ADDITIONAL INCOME (alimony, child support, interest, dividends, income from rental property, etc.)

1) Amount \$ _____ Per _____ Source _____ 2) Amount \$ _____ Per _____ Source _____

6. BANK ACCOUNTS Checking: name of bank _____ account # _____

Savings: name of bank _____ account # _____

7. REAL ESTATE OWNED

Description _____ Address _____ City _____ State _____ Zip _____

8. ARE YOU IN THE MILITARY? Yes or No If yes, Active or Inactive

9. VEHICLES Make _____ Model _____ Year _____ License Plate # _____ State _____

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10. HOW MANY OF THE FOLLOWING DO YOU OWN? Boat _____ Trailer _____ Truck _____ Motorcycle _____ Waterbed _____

Piano _____ Safe _____ Antenna* _____ Satellite Dish* _____ *Management must give written permission for installation of an antenna/satellite dish.

11. WILL YOU BE MAINTAINING A PET? Yes or No If yes, what breed? 1) _____ Weight _____

Pets are not allowed on the premises without prior written consent which does not have to be given and which can be revoked at any time. 2) _____ Weight _____

12. HAVE YOU EVER BEEN FOUND BY A JUDGE TO BE BANKRUPT, OR HAD ANY JUDGMENTS, REPOSSESSIONS, GARNISHMENTS, OR OTHER RELATED LEGAL PROCEEDINGS FILED AGAINST YOU? Yes or No If yes, explain _____

13. EXCLUDING MINOR TRAFFIC VIOLATIONS, HAVE ANY OF THE INDIVIDUALS NAMED ABOVE EVER BEEN CONVICTED OF A MISDEMEANOR, FELONY, OR OTHER CRIMINAL ACTIVITY? Yes or No If yes, locality _____ date(s) _____ If yes, explain _____

14. HAVE YOU EVER BEEN REFUSED RESIDENCY? Yes or No If yes, explain _____

15. WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE? _____

16. NAMES OF TWO PEOPLE TO CONTACT IN CASE OF AN EMERGENCY (not living with you)

Name _____ Address _____ City _____ State _____ Zip _____ Relationship _____ Phone # _____

Name _____ Address _____ City _____ State _____ Zip _____ Relationship _____ Phone # _____

Applicant represents that all statements and representations herein made to induce Owner to rent an apartment to applicant are true and correct to the best of applicant's knowledge. Applicant hereby authorizes verification of such statements including the release of any police records from any jurisdiction, or credit, mortgage or rental history, employment, or student status information for the purpose of processing an application for apartment rental. Applicant agrees that if any such information is misleading, incorrect or untrue, the Owner shall have the right to consider the Lease breached and take remedies as provided therein. Applicant waives any claim for damages by reason of non-acceptance of this Application, which the Owner may reject.

APPLICANT OR COSIGNER SIGNATURE _____ **DATE** _____ **APPLICANT OR COSIGNER SPOUSE'S SIGNATURE** _____ **DATE** _____

PROPERTY NAME _____ REC'D BY: RENTAL INITIALS _____ DATE _____ ADDRESS _____ MOVE-IN DATE _____ FORM 977, LBP DISCLOSURE, GIVEN TO RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> N/A RENT \$ _____ MONTHLY INCOME \$ _____ DATE APT. RENTED _____ <input type="checkbox"/> APPLICATION FEE WAIVED BECAUSE _____ <input type="checkbox"/> DATE NON-REFUNDABLE APPLICATION FEE PAID _____ M.O.P. <input type="checkbox"/> VISA/MC <input type="checkbox"/> CK # _____ <input type="checkbox"/> MO# _____ <input type="checkbox"/> HOLD MONEY WAIVED BECAUSE _____ <input type="checkbox"/> DATE HOLD MONEY PAID _____ M.O.P. <input type="checkbox"/> VISA/MC <input type="checkbox"/> CK # _____ <input type="checkbox"/> MO# _____ <input type="checkbox"/> REFUNDABLE <input type="checkbox"/> NON-REFUNDABLE	FOR OFFICE USE ONLY NAME ON ID _____ NAME ON ID _____ ADDRESS ON ID _____ ADDRESS ON ID _____ CITY/STATE/ZIP _____ CITY/STATE/ZIP _____ ID# OR STUDENT ID# _____ ID# OR STUDENT ID# _____ DATE OF BIRTH _____ DATE OF BIRTH _____
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c.w. Rental c.y. Applicant

