

THE FAIRWAYS APPLICATION FOR RESIDENCY

The undersigned applicant(s) hereby applies for and offers to execute a Lease as provided by The Fairways (hereinafter Lessor). The undersigned applicant(s) warrants that the statements contained herein are true. **Once approved, if the undersigned applicant(s) fail to take possession of the apartment, the deposit will be forfeited. Providing false or inaccurate information on the application will result in forfeiture of ALL MONIES paid and rejection of this application.**

The purpose of this application is to assist Lessor in deciding whether to rent to applicant(s). Receipt of this application by Lessor does not obligate Lessor to deliver occupancy of any apartment.

UNIT DESIRED _____ MONTHLY RENT \$ _____
M/I DATE _____

(Please Print)

NAME 1) _____ Birth date ___ / ___ / ___ Social Sec. # _____

NAME 2) _____ Birth date ___ / ___ / ___ Social Sec.# _____

TELEPHONE _____
Home Business

PRESENT ADDRESS _____
Street City State Zip Length of Residency

PRESENT LANDLORD _____
Name Apt. Community Phone Rent Paid

PREVIOUS ADDRESS _____
Street City State Zip Yrs./Mos.

PREVIOUS LANDLORD _____
Name Apt. Community Phone Rent Paid

OTHER PERSONS TO OCCUPY APARTMENT		
NAME	RELATIONSHIP	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU OWN ANY PETS: YES NO (Circle one) If Yes, Type _____ Lbs. _____

(1)	(2)
PRESENT EMPLOYER _____	PRESENT EMPLOYER _____
ADDRESS _____	ADDRESS _____
DATES OF EMPLOYMENT _____	DATES OF EMPLOYMENT _____
POSITION _____	POSITION _____
NAME OF SUPERVISOR _____	NAME OF SUPERVISOR _____
TELEPHONE _____	TELEPHONE _____
GROSS MONTHLY INCOME _____	GROSS MONTHLY INCOME _____

DRIVER'S LICENSE # _____ DRIVER'S LICENSE # _____

AUTOMOBILES OWNED

License # _____ State _____ Make _____ Model _____

License # _____ State _____ Make _____ Model _____

PREVIOUS EMPLOYER _____ PREVIOUS EMPLOYER _____

ADDRESS _____ PHONE _____ ADDRESS _____ PHONE _____

HAVE YOU EVER BEEN EVICTED OR SUED FOR PAYMENT OF RENT? _____ IF YES, INDICATE WHEN SUCH ACTION WAS TAKEN, WHERE (CITY AND ADDRESS), BY WHOM, FOR WHAT REASON AND THE OUTCOME OF THE ACTION.

NAME AND ADDRESS OF NEAREST RELATIVE

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

Acceptance of this application, and any monies deposited, is not binding upon Landlord until approved by Landlord. At the time of application an amount of \$250.00 will be taken as a Security Deposit. If applicant withdraws this application a fee of \$40.00 will be retained by Landlord as a fee for processing the application and as liquidated damage for the rental the Landlord has lost. It is further understood and agreed, if an apartment is held for applicant for more than 24 hours all monies deposited shall be forfeited to Landlord. If this application is not approved by Landlord, the Security Deposit will be refunded. Applicant(s) further irrevocably authorize Landlord to transfer to the Owner-Landlord at any time, without liability to anyone, any and all deposits herein mentioned or otherwise required in connection with the occupancy of the applicant(s).

Applicant(s) hereby acknowledge(s) that the Owner-Landlord, any affiliate, agent, or employee thereof, may procure an investigative consumer report concerning the applicant(s), including information as to the character, general reputation, personal characteristics, criminal background check, and mode of living of the applicant(s) and that the applicant(s) shall have the right within a reasonable period of time hereafter to request a complete and accurate disclosure of the nature and scope of the investigation requested. Applicant(s) hereby expressly authorize(s) the Owner-Landlord, Agent for Owner, and their respective affiliates, agents, and employees to disclose to others any information about the applicant(s) possessed by them to the extent such disclosure is otherwise prohibited by law.

SIGNATURE OF APPLICANTS

DATE

