

LEASE APPLICATION

COMMUNITY _____ **APARTMENT NO.** _____ **APARTMENT TYPE** _____ **DATE** _____

APARTMENT OCCUPANTS (If more than two applicants please attach a separate Application)

Name (1)	Birth Date	Social Security No.	<input type="checkbox"/> ID Checked (Initial)
Name (2)	Birth Date	Social Security No.	<input type="checkbox"/> ID Checked (Initial)
Cell # (1)	Cell # (2)		
Email (1)	Email (2)		

Names and ages of visiting children _____

Will you have a pet in the apartment with you? Yes No Describe _____

Will you have any liquid furniture? Yes No Describe _____

Have you ever been evicted? Yes No Have you ever broken a lease? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain on back of application.

OCCUPANT NO. 1

Current Street Address	Apt. No.	City/State	Zip	Phone	How Long?	Owner/Manager	Apt. Office Phone
Prior Street Address	Apt. No.	City/State	Zip	Phone	How Long?	Owner/Manager	Apt. Office Phone
Name of Current Employer	Address		Position	How Long	Supervisor	Bus. Phone	
Name of Former Employer	Address		Position	How Long	Supervisor	Bus. Phone	
Name of Bank	Address		Phone No.	Account Number			
Name of Personal Reference (1)	Address		Phone No.	Relationship			
Name of Personal Reference (2)	Address		Phone No.	Relationship			
IN CASE OF EMERGENCY, NOTIFY	Address		Phone No.	Relationship			

OCCUPANT NO. 2

Current Street Address	Apt. No.	City/State	Zip	Phone	How Long?	Owner/Manager	Apt. Office Phone
Prior Street Address	Apt. No.	City/State	Zip	Phone	How Long?	Owner/Manager	Apt. Office Phone
Name of Current Employer	Address		Position	How Long	Supervisor	Bus. Phone	
Name of Former Employer	Address		Position	How Long	Supervisor	Bus. Phone	
Name of Bank	Address		Phone No.	Account Number			
Name of Personal Reference (1)	Address		Phone No.	Relationship			
Name of Personal Reference (2)	Address		Phone No.	Relationship			
IN CASE OF EMERGENCY, NOTIFY	Address		Phone No.	Relationship			

ANNUAL INCOME OF TOTAL HOUSEHOLD: 1. Under 20,000 3. 25,000 – 29,999 5. 35,000 – 39,999 7. 50,000 – 60,000
 2. 20,000 – 24,999 4. 30,000 – 34,999 6. 40,000 – 49,999 8. Over 60,000

PLEASE CHECK ONE IN EACH OF THE FOLLOWING AREAS:

Former residence(s) Total Monthly Rent or Payment \$ _____) Check all applicable:

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Out of State | 1. <input type="checkbox"/> Apt. Community | 5. <input type="checkbox"/> Home - Owned |
| 2. <input type="checkbox"/> Out of Town | 2. <input type="checkbox"/> Duplex - rent | 6. <input type="checkbox"/> Mobile Home |
| 3. <input type="checkbox"/> Local | 3. <input type="checkbox"/> Home - rent | 7. <input type="checkbox"/> Other _____ |
| | 4. <input type="checkbox"/> Condominium | 8. <input type="checkbox"/> Establishing New Household |

If former residence(s) was an apartment why are you moving? Check all applicable:

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> Job Transfer | 4. <input type="checkbox"/> Maintenance | 7. <input type="checkbox"/> Noise |
| 2. <input type="checkbox"/> Better Location | 5. <input type="checkbox"/> Parking | 8. <input type="checkbox"/> Other _____ |
| 3. <input type="checkbox"/> Price | 6. <input type="checkbox"/> Management | |

Autos

0. None
1. One Year _____ Make _____ License _____ Motorcycle
2. Two Year _____ Make _____ License _____ Other _____

Drivers License Number (1) _____ **(2)** _____

I (we) hereby make application for occupancy of the described apartment unit on the terms specified. THE HOLDING DEPOSIT MONEY ACCOMPANYING THIS APPLICATION IS TO BE REFUNDED IMMEDIATELY IF APPLICATION IS NOT APPROVED OR IF SAID APPLICATION IS WITHDRAWN WITHIN 3 DAYS OF THE ABOVE DATE. AFTER SAID 3-DAY PERIOD, THIS HOLDING DEPOSIT SHALL BE RETAINED BY MANAGEMENT AS LIQUIDATED DAMAGES. _____ (Initial)

If I (we) refuse to enter into a Lease/Rental Agreement when offered by the management company, or if occupancy is not taken within 5 days after the occupancy date indicated, the holding deposit made herewith shall be retained by the management as liquidated damages. At the time the Lease/Rental Agreement is executed, the Holding Deposit made herewith will be applied to and become part of the Security Deposit in accordance with the terms specified therein. The balance of any Security Deposit, Miscellaneous Fees and the First Month's Rent will become due at that time.

I (we) affirm the above information to be true and correct. All persons and/or firms named above may freely give any requested information concerning me (us) and I (we) hereby waive all right of action for any consequences resulting from such information.

This is to inform you that as part of our procedure for processing our application an investigative consumer report may be prepared whereby information obtained through personal interviews with your neighbors, friends or others with whom you are acquainted.

I (we) also give permission for a credit check through the appropriate agency. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation.

This application shall not be changed orally but shall be changed only by written agreement. Any provision not set forth above must be shown in writing below.

Signed (1) _____ Date _____

Signed (2) _____ Date _____

LEASE/RENTAL TERM	
From _____ to _____	
RENT COMMENCES _____	
PRORATED RENT \$ _____ Due _____	
HOLDING DEPOSIT \$ _____	
SECURITY DEPOSITS	
Cleaning & Damages \$ _____	
Other \$ _____	
Total Security Deposit \$ _____	
RENTAL AMOUNTS	
Apartment \$ _____	
Other \$ _____	
Other \$ _____	
Total Monthly Rent \$ _____	
CREDIT CHECK PROCESSING FEE \$ _____	
HOLDING DEPOSIT* \$ _____	
SECURITY DEPOSIT DUE** \$ _____	
RENT DUE** \$ _____	
TOTAL MOVE-IN COST \$ _____	
AMOUNT ATTACHED <\$ _____>	
BALANCE DUE** \$ _____	
*Holding Deposit will be applied to Security Deposit at time of move in.	
**Must be paid prior to move-in with money order or cashier's check	