

RENTAL APPLICATION

Rental Address _____ Unit Type _____

Rent Rate \$ _____ Deposit \$ _____ Starting Date _____

Applicant's Last Name	First	Middle	Birthdate	Driver's License & State	Social Security # - - -
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated	Spouse's Name		Birthdate	Driver's License & State	Social Security # - - -
Expected Move-in Date	Unit to be occupied by: # Adults __ # Children __		Children(s)' Full Name(s) & Date(s) of Birth		
Do you have Pets? Yes No	How Many?		Type & Size (Keeping of pets requires a pet fee and owner's consent)		
Area Code & Phone #	Area Code & Phone #		E-mail:		

RESIDENCE HISTORY

Present Address	How long? Yrs Mths		<input type="checkbox"/> Rent <input type="checkbox"/> Own
City State Zip			
Name & Address of Present Landlord or Mortgage Co.	Landlord Area Code & Phone #		Monthly Pmt. \$
City State Zip			
Previous Residence Address	How long? Yrs Mths		<input type="checkbox"/> Rent <input type="checkbox"/> Own
City State Zip			
Name & Address of Previous Landlord or Mortgage Co.	Landlord Area Code & Phone #		Monthly Pmt. \$
City State Zip			
Have you ever been filed on for an eviction? YES NO			

EMPLOYMENT HISTORY

Applicant Employed By	Supervisor's Name		How long? Yrs Mths
Address	Phone	Position Held/Occupation	Salary \$ Per
City State Zip			
Previously Employed By	Supervisor's Name		How long? Yrs Mths
Address	Phone	Position Held/Occupation	Salary \$ Per
City State Zip			
Previously Employed By	Supervisor's Name		How long? Yrs Mths
Address	Phone	Position Held/Occupation	Salary \$ Per
City State Zip			

ADDITIONAL INCOME

ADDITIONAL INCOME: Additional Income such as child support, alimony, or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder. Source: _____ Amount of \$ _____ per _____

CREDIT AND LOAN REFERENCES

No. of Vehicles On Property	Do you have any recreational vehicles, vans, boats, motorcycles? If so specify:			
Auto No 1 - Type	License	State		
Financed Through	Account No.	Monthly Payment		
Auto No 2 - Type	License	State		
Financed Through	Account No.	Monthly Payment		
Loans & Charge Accounts including Department Stores, Credit Cards, etc.				
Owed To	Account #	Address	Zip	Total Debt
				\$ _____ per _____
				\$ _____ per _____
				\$ _____ per _____

BANK REFERENCES

Name of Bank or Savings & Loan	Account #	Address	City	State	Zip
Family Physician	Address			Area Code & Phone #	
	City	State	Zip		
In Case of Emergency, Call	Relationship	Address		Area Code & Phone #	
		City	State	Zip	

Applicant hereby authorizes verification of any and all information set forth on this Application, including release of information by any bank or savings and loan, credit reporting agencies, employer (present and former) and any Lender. Applicant hereby specifically authorizes Management to perform a credit check and criminal background check to verify information on this Application. All such information hereon, and released as authorized above, will be kept confidential. **APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE.** Material misrepresentations on the Application will constitute a default under the Lease or Rental Agreement between the parties.

CREDIT CHECK CHARGE - Applicant has submitted the sum of \$ _____ which is nonrefundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by Management to cover the cost of processing application as furnished by applicant. This application must be signed before it can be processed by Management.

GOOD FAITH DEPOSITS - I hereby deposit \$ _____ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit can be applied toward payment of my security deposit of \$ _____ when I take possession of the rental unit. If for any reason Management decides to decline my application, the Management will refund this good faith deposit to me in full. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit within 30 days of the cancellation. If I cancel after 72 hours or refuse to occupy the premises on the agreed upon date, I understand this good faith deposit will be held until Management can determine if it has incurred any expenses or rent loss due to my cancellation. These costs will be deducted from this good faith deposit and the balance will be refunded to me.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

RELEASE OF GOOD FAITH DEPOSIT - I authorize Management to release my good faith deposit of \$ _____ on rental unit and apply it towards a security deposit of \$ _____.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____