APPLICATION FORM

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references.

Only clean, responsible people who pay on time, need apply.

YOUR PERSONAL INFORMATION

Full Name	Phone ()_		Work Phone ()
Social Security Number	Current Driver's License #		State:
Date of Birth	Email Address		
Present Address			
City		State:	Zip:
How Long?	If renting, Apartment name/location		Phone: ()
Landlord/mgr's name			Alternate Phone: ()
Why are you leaving?			
			Current Payment: \$
Previous Address			
City		State:	Zip:
How Long?	If renting, Apartment name/location		Phone: ()
Landlord/mgr's name			Alternate Phone: ()
Why did you leave?			Previous Payment: \$
Present Employer		Position:	How Long?
Address			Phone: ()
Gross Monthly Income	e <u>before</u> deductions: \$ Other Income: \$		Source:
Former Employer		Position:	How Long?
Address			Phone: ()
Why did you leave?			

PLEASE CONTINUE ON NEXT PAGE

$\underline{\textbf{CREDIT REFERENCES:}} \ \ \textbf{This can include store credit cards, rental stores, car loans, small loans, etc.}$

Bank _		Acct #(s)	Bran	ch Checkin	g: []: Savings []: Loan []:
	City	S	tate Approx. l	Balance \$	How Long?
Other A	Active Credit Ref:		Account #		Exp. Date:
	Type of Account:	Credit Limit: \$	How Long?	Are all payments c	urrent? YES □: NO □:
Other A	Active Credit Ref:		Account #		Exp. Date:
	Type of Account:	Credit Limit: \$	How Long?	Are all payments c	urrent? YES □: NO □:
Have yo	ou ever been evicted? YES □:	NO □: Have you eve	r had a foreclosure/repo	ssession? YES □, Date	: NO 🗆
	If yes, explain:				
Have y	ou ever filed for bankruptcy?	YES 🗆, Date	: NO 🗆: I	If yes, Chapter 7 □ or C	hapter 13 □?
	Explain:				
Have yo	ou ever been convicted of a crim	e, other than a traffic violation? YE	S □: NO □:		
	If yes, explain:				
		<u>ES</u> - List three persons, <u>OTHER</u>			
	Address	City		State	Zip
Name _			Relationship	Phone: ()
	Address	City		State	Zip
Name _			Relationship	Phone: ()
	Address	City		State	Zip
<u>EME</u>	ERGENCY - In an emerger	acy you may contact (List two, other t	han spouse/roommate, n	earest relatives first)	
Name _			Relationship	Phone: ()
	Address	City		State	Zip
Name _			Relationship	Phone: ()
	Address	City		State	Zip

PLEASE CONTINUE ON NEXT PAGE

OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name	Name		
Name	_ Name _		
* Pets: Name Type Weight _	lbs. Name		_ Type Weight lbs.
* NOTE: No pets are allowed at any time on the premises v	vithout prior Manage	ment consent and	payment of fees - NO EXCEPTIONS
Date of desired occupancy Anticipated len	gth of stav		
Do you own: Vacuum cleaner □: Lawn mower □: Water			es anvone smoke? Ves □: No □:
List all motor vehicles, including recreational vehicles, to be l		Tuments 2. Do	ssunyone smoke. Tes 2. 140 2.
		~ ·	
MAKE MODEL COLOR YEAR LIC	ENSE PLATE #	STATE	MONTHLY PAYMENT
			\$
			\$
			\$
			Ψ
			\$
herewith. The undersigned expressly agrees that if property. Applicant further agrees that if applicant is into the premises, then all monies paid herewith shall have been turned away and it may be necessary for M Processing of application shall be as timely as possib approved, applicant agrees to pay the balance of funds will assume that applicant has decided to forfeit the marketing the property. If applicant is not approved returned to applicant. Applicant understands and agr prorated for the following month.	accepted by Manag be retained as liquidanagement to re-act le and the results is and complete the reservation/earnest l, all monies given less that rent begins	ement and then idated damages advertise the propagy be delivered paperwork with money paymen herewith, less ap	decides, for any reason, not to move since other prospective tenants may perty and evaluate other applicants. d via telephone, fax or mail. Once in 48 hours, otherwise management t made herewith and will begin re- pplication fee shown above, shall be
A PHOTOSTATIC COPY OF MY DRIVER'S LICE CARD, LATEST PAY CHECK STUB(S) AND LAST Y			
RETURN ARE ATTACHED TO THE APPLICATION complete, true and correct and I herewith give my information of the undersigned applicant to Managem into and continuing to offer or collect on any agreem Authorized Agents to verify the application informatic creditors, present or former landlords, employers and and at any time in the future, with regard to any agreementation in the future of this application, or entered into in reliance upon misinformation given on the state of	permission for a ent or their authori nent and/or credit of ion including but no personal references greement entered in Management may	PROVIDED nyone contacted zed agents, at ar extended. I furth ot limited to obt , whether listed nto with Manag	1. I declare that the application is 1 to release the credit or personal representation to the purposes of entering the ner authorize Management or their taining criminal records, contacting or not, at the time of the application rement. Any false information will
Applicant's Authorization			