

Community: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_  
 Desired Move-in Date: \_\_\_\_\_  
 Apt. # / Type: \_\_\_\_\_  
 Quoted Rent: \_\_\_\_\_  
 Special(s) Offered: \_\_\_\_\_  
 Lease Term: \_\_\_\_\_  
 Referred By: \_\_\_\_\_

# Residential Rental Application



Please print plainly and fill in ALL blank spaces completely. All information is confidential.

APPLICANT	CO-APPLICANT
Full Name: _____	Full Name: _____
Date of Birth: _____ Social Security No.: _____	Date of Birth: _____ Social Security No.: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Time at Present Address: _____	Home Phone: _____ Time at Present Address: _____
Amount of Rent \$: _____ Reason for Moving: _____	Amount of Rent \$: _____ Reason for Moving: _____
Landlord or Mortgage Holder: _____	Landlord or Mortgage Holder: _____
Address: _____ Phone: _____	Address: _____ Phone: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Applicant's Driver's License Number: _____	Co-Applicant's Driver's License Number: _____

EMPLOYMENT INFORMATION	EMPLOYMENT INFORMATION
PRESENT STATUS: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed	PRESENT STATUS: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed
EMPLOYED BY: _____	EMPLOYED BY: _____
Address: _____ Phone: _____	Address: _____ Phone: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Title: _____ Supervisor: _____	Title: _____ Supervisor: _____
How long? _____ Gross Income \$ _____ per _____	How long? _____ Gross Income \$ _____ per _____
PREVIOUS EMPLOYER (if less than one (1) year at present): _____	PREVIOUS EMPLOYER (if less than one (1) year at present): _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Title: _____ Supervisor: _____	Title: _____ Supervisor: _____
How long? _____ Gross Income \$ _____ per _____	How long? _____ Gross Income \$ _____ per _____
Reason for leaving: _____	Reason for leaving: _____

BANK REFERENCE			BANK REFERENCE		
CHECKING BANK:	ACCT. NO.:	TELEPHONE:	CHECKING BANK:	ACCT. NO.:	TELEPHONE:
SAVINGS BANK:	ACCT. NO.:	TELEPHONE:	SAVINGS BANK:	ACCT. NO.:	TELEPHONE:

### ADDITIONAL INFORMATION

**Number of Vehicles (including Company Cars):** \_\_\_\_\_

Make/Model: _____	Year _____	Color _____	Tag No. _____	State _____
Make/Model: _____	Year _____	Color _____	Tag No. _____	State _____
Make/Model: _____	Year _____	Color _____	Tag No. _____	State _____

<p><b>Total Number of Occupants:</b> _____</p> <p>OTHER RESIDENTS _____ BIRTH DATE _____</p> <p>_____</p> <p>_____</p> <p>PETS? YES _____ NO _____</p>	<p><b>IN CASE OF PERSONAL EMERGENCY, NOTIFY:</b></p> <p>Name _____</p> <p>Address _____</p> <p>Relationship _____ Telephone(s) _____</p>
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Are you, your co-applicant or occupant a current illegal user of a controlled substance? no \_\_\_ yes \_\_\_  
 If yes, please explain: \_\_\_\_\_

Have you, your co-applicant or occupant ever been convicted by a court of law? no \_\_\_ yes \_\_\_  
 If yes, please explain: \_\_\_\_\_

Have you, your co-applicant or occupant ever been convicted for any other felony offense? no \_\_\_ yes \_\_\_  
 If yes, please explain: \_\_\_\_\_

**NON-REFUNDABLE CREDIT CHECK AND PROCESSING CHARGE**

Applicant submits herewith a non-refundable payment in the amount of \$\_\_\_\_\_ for credit/criminal background check and processing charge. If application is not approved, said sum will be retained by management to cover the cost of processing this application. Any false information will constitute grounds for rejection of application. Management or his agent is hereby expressly authorized to verify the accuracy and correctness of the statements contained herein, to communicate with applicant's employers and creditors, and to procure such other information which management or agent may require to evaluate this application. NOTE: **Application must be signed before it can be processed by management.**

**GOOD FAITH DEPOSIT**

A good faith deposit in the amount of \$\_\_\_\_\_ is submitted with this application. If application is approved, this good faith deposit can be applied toward payment of applicant's security deposit of \$\_\_\_\_\_, non-refundable lease fee or \$\_\_\_\_\_, and non-refundable administrative fee of \$\_\_\_\_\_ which are due prior to taking possession of the apartment; and applicant agrees to execute management's usual rental agreement on or before the occupancy date set out in this application. If for any reason management rejects this application, the good faith deposit submitted herewith will be refunded in full to applicant. Applicant may cancel this application by written notice within \_\_\_\_\_ hours and receive a full refund of the good faith deposit. If applicant cancels this application after \_\_\_\_\_ hours or fails to execute management's usual rental agreement, or refuses to occupy the premises on the agreed upon date, the good faith deposit will be forfeited.

APPLICANT'S SIGNATURE \_\_\_\_\_ CO-APPLICANT'S SIGNATURE \_\_\_\_\_

**RELEASE OF GOOD FAITH DEPOSIT:**

I authorize Management to release my good faith deposit of \$\_\_\_\_\_ on Apartment \_\_\_\_\_ and apply it towards a Security Deposit of \$\_\_\_\_\_, non-refundable lease fee of \$\_\_\_\_\_, and non-refundable administrative fee of \$\_\_\_\_\_.  
In addition, pro-rated rent of \$\_\_\_\_\_ to be paid prior to move-in and first month's rent of \$\_\_\_\_\_ to be paid on or before \_\_\_\_\_.

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERENCE VERIFICATION: (FOR OFFICE USE ONLY)				
Reference	Applicant	Co-Applicant	By	Date
<input type="checkbox"/> Present Landlord				
<input type="checkbox"/> Previous Landlord				
<input type="checkbox"/> Employer				

**DISPOSITION OF APPLICATION:**

Approved     Not Approved    Manager \_\_\_\_\_ Date \_\_\_\_\_

If not approved, indicate reason(s) \_\_\_\_\_

Applicant Notified By \_\_\_\_\_ Date Notified \_\_\_\_\_