

RENTAL APPLICATION

I/We hereby offer to lease an apartment. For your information in considering the offer, I/we present the following references, which Management may choose to investigate. Falsification of any information listed herein is cause for rejection of this application and/or termination of the Lease Agreement.

Date Received: _____ Time Received: _____ Desired Move-in Date: _____ Rental Rate: \$ _____
 Leasing Agent: _____ Unit Type/Address: _____
 How did you hear about us? _____

APPLICANT AND FAMILY INFORMATION

ANY QUESTIONS NOT APPLICABLE TO YOU PLEASE MARK "NA". LEAVE NO BLANK LINES

List all household members who will live in the apartment upon move-in or within the next twelve months.

Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household).

CHECK ONLY ONE (most current status): Never Married Married Divorced Separated Widowed

Roommates require separate applications.

	FULL LEGAL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
1.	_____	SELF	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

Are you or any household members listed above a Foreign Citizen? Yes -or- No If yes, who? _____

Of the household members listed above do you have legal custody if minor? Yes -or- No If no, explain: _____

Are you expecting any changes to your household size over the next twelve months? Yes -or- No If yes, explain: _____

Are there any temporarily absent family members, not listed above? Yes -or- No If yes, explain: _____

Will a live-in care attendant be required in your household? Yes -or- No If yes, who: _____

Are any foster children included above? Yes -or- No If yes, who: _____

Are any listed above currently or planning to attend school full time or part time? (Or have attended school full time in the past five months?) Yes -or- No If Yes, Who & What College? _____

Would any member of your household benefit from a special needs adaptable/equipped rental? Yes -or- No If yes, explain (optional): _____

EMPLOYMENT INFORMATION

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Occupation: _____ Supervisor's Name: _____

Salary: \$ _____ per hour week month year other _____

Do you have a second job? Yes -or- No If Yes, Where: _____ Salary: \$ _____ per _____

Do you have a third job? Yes -or- No If Yes, Where: _____ Salary: \$ _____ per _____

SPOUSE'S INFORMATION ONLY (CO-APPLICANT'S MUST COMPLETE SEPARATE APPLICATION)

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Occupation: _____ Supervisor's Name: _____

Salary: \$ _____ per hour week month year other _____

Do you have a second job? Yes -or- No If Yes, Where: _____ Salary: \$ _____ per _____

Do you have a third job? Yes -or- No If Yes, Where: _____ Salary: \$ _____ per _____

CREDIT REFERENCES & RESIDENCE HISTORY: (List all monthly payments)

Have you ever been evicted from tenancy? Yes -or- No If Yes, why: _____

Have you ever intentionally refused to pay rent when due? Yes -or- No If Yes, why: _____

Have you ever filed for bankruptcy: Yes -or- No If Yes, When: _____ Type: _____ Why: _____

Has anyone in household ever been convicted of any drug offense or felony? Yes -or- No

Do you have any pets? Yes -or- No Age: _____ Breed: _____ Weight: _____

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Car Loan: \$ _____ Visa: \$ _____ Master Card: \$ _____ Furniture: \$ _____

Other (type) _____ \$ _____ Other (type) _____ \$ _____

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Must have two full years of address history; use a new page attached to application if necessary

Current Address: _____

City: _____ State: _____ Zip: _____

Do you: Rent -or- Own your own home? Month and year moved in: _____ Monthly Rent/Mortgage: \$ _____

Reason for leaving: _____

Landlord/Mortgage Company: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

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Previous Address: _____

City: _____ State: _____ Zip: _____

Do you: Rent -or- Own your own home? Month and year moved in: _____ Monthly Rent/Mortgage: \$ _____

Reason for leaving: _____

Landlord/Mortgage Company: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

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Previous Address: _____

City: _____ State: _____ Zip: _____

Do you: Rent -or- Own your own home? Month and year moved in: _____ Monthly Rent/Mortgage: \$ _____

Reason for leaving: _____

Landlord/Mortgage Company: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

OTHER INFORMATION

Your Driver's License Number/State ID#: _____ State Issued: _____ Name: _____

Spouse's Driver's License Number/State ID#: _____ State Issued: _____ Name: _____

Vehicles: Year _____ Make _____ Model _____ Color _____ License _____ State _____

Year _____ Make _____ Model _____ Color _____ License _____ State _____

ONLY VEHICLES LISTED ABOVE ARE PERMITTED. All vehicles must be registered to the name of an approved occupant on this application

Current Home Phone: (_____) _____ Current Work Phone: (_____) _____

Other Phone or Pager: (_____) _____ E-Mail Address: _____

EMERGENCY CONTACT: List closest relative not living with you, whom we may contact in case of an emergency:

Name: _____ Relationship: _____ Phone: (_____) _____

Address: _____

I/We hereby apply to the above named community for an apartment on substantially the terms set forth herein and agree that rent is payable on the first day of each month in advance. I/We warrant to Ownership and Management of the property that all statements contained herein are true and correct. I/We have been advised, understand and agree that residency at this community entails certain income guidelines and that residency is subject to rental qualifications. I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud. **Federal Law specifies fines up to \$10,000 and imprisonment for terms of up to five years and is grounds for eviction if any information falsification occurs.**

I/We hereby offer \$_____ as a non-refundable application fee. If I/we do not meet any of the **Resident Qualifying Standards**, my application will be rejected and my/our application fee(s) **WILL NOT** be refunded (under any circumstance).

I/We hereby waive any claim to damages by reason of non-acceptance. Upon acceptance of this application, my security deposit shall be due in full. When so approved and accepted, I/we understand and agree to pay the full security deposit within five days. The full deposit is \$_____ for well qualified applicants. I/We agree to execute a Lease Agreement before possession is delivered and to pay the balance of any other deposits and other move-in costs in the form of a check or money order. I/We understand that if I/we withdraw this application within 72 hours of applying, the security deposit will be returned to me/us. If the notice of cancellation is received after the 72 hours, the security will be forfeited.

ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE PREMISES FOR ANY REASON, I/WE UNDERSTAND THAT MY FULL SECURITY DEPOSIT WILL BE FORFEITED.

If Management cannot have an apartment for me/us by the desired move-in date listed on page 1 of this application, whether it is not ready for occupancy or because another resident holds over or for any other reason, Management and Ownership are not liable to me/us for damages. I/We will not be required to pay any rent until the apartment is available. If Management is not able to deliver possession to me/us within thirty days of projected date, I/we may cancel the lease without further obligation and my/our security deposit will be refunded within thirty days.

I/We agree: (a) to be bound by and comply with the Lease and all addenda; (b) that The Community will retain this application whether or not it is approved; (c) that everything stated on this application is true to the best of my/ our knowledge; and (d) That I grant The Community authority to check my/our credit, employment, rental and criminal history, to secure follow up credit reports and employment verifications, and to answer questions about its credit experience with me/us. If rejection of my/our application occurs for the rental of an apartment with the above Community, I/we hereby authorize you to share information with any community affiliated with management or the ownership of this community for purposes related to rental of an apartment or residency of any type.

RESIDENT RELEASE AND CONSENT

I/We, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, credit history, criminal history and/or assets to the above named community, its owners and agents for purposes of verifying information on my/our apartment rental application.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical and child care allowances, criminal background checks, previous rental history, and credit history. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Resident. Credit reports may be accessed during and/or after occupancy for the purpose of collections.

The groups or individuals that may be asked to release the above information includes, but are not limited to:

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| Past & Present Employers | Welfare Agencies | Veterans Administration |
| Current & Previous Landlords Support | State Unemployment Agencies Social | Retirement Systems |
| and Alimony Providers Public Housing | Security Administration Utilities | Banks or Financial Institutes. Web |
| Agencies | Companies | Site (access granted) Credit Bureaus |
| State & Local Law Enforcement | Federal Law Enforcement | |

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	_____
Applicant	(Printed Name)	Date
_____	_____	_____
Spouse	(Printed Name)	Date