



# FRANKLIN LANDINGS RENTAL APPLICATION



Please print or type on top of the lines provided: Each applicant must complete an application. Please read and sign the Resident Screening Guidelines prior to completing application.

Equal Housing Opportunity

A P P L I C A N T	Applicant's Full Legal Name _____		D.O.B. _____		Soc. Sec. # _____		
	( ) - _____		( ) - _____		( ) - _____		
	Home Phone # _____		Work Phone # _____		Cell Phone # _____		
E-mail address _____							
How Were You Referred To Franklin Landings? _____							
3 Y E A R R E S I D E N C Y	Present Street Address _____		Apt. # _____		City _____		
	State _____		Zip Code _____				
	Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____		
	( ) - _____		( ) - _____		Landlord's Phone # _____		
	Previous Street Address (1) _____		Apt. # _____		City _____		
	State _____		Zip Code _____				
	Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____		
	( ) - _____		( ) - _____		Landlord's Phone # _____		
	Previous Street Address (2) _____		Apt. # _____		City _____		
	State _____		Zip Code _____				
Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____			
( ) - _____		( ) - _____		Landlord's Phone # _____			
Do You Owe Rent To A Previous Landlord		Yes / No _____		Have You Ever Been Evicted and/or Sued For Non-Payment of Rent?			
Yes / No _____		Yes / No _____		Current Rent \$ _____			
Have You Ever Been Sued For Damage To Rental Property?		Yes / No _____		Have You Ever Filed For Bankruptcy			
Yes / No _____		Yes / No _____		Year _____			
I N C O M E & A S S E T S	Current Employer (1) _____		Employer's Street Address _____		City _____		
	State _____		Zip Code _____				
	Applicant's Position _____		Dates: From - To _____		\$ Annual Gross Income _____		
	Verification Contact _____		( ) - _____		( ) - _____		
	Contact's Phone # _____		Contact's Fax # _____		Contact's e-mail address _____		
	Current Employer (2) - if applicable _____		Employer's Street Address _____		City _____		
	State _____		Zip Code _____				
	Applicant's Position _____		Dates: From - To _____		\$ Annual Gross Income _____		
	Verification Contact _____		( ) - _____		( ) - _____		
	Contact's Phone # _____		Contact's Fax # _____		Contact's e-mail address _____		
\$ _____		Amount of Other Income/Assets _____		Source of Other Income/Assets _____			
O C C U P A N T S	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependent _____		
	D.O.B. _____		D.O.B. _____		D.O.B. _____		
	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependent _____		
	D.O.B. _____		D.O.B. _____		D.O.B. _____		
	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____		Co-signer / Guarantor _____		
D.O.B. _____		D.O.B. _____		D.O.B. _____			
P E T S	Pet Type _____		Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____		Weight _____		
	Pet Type _____		Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____		Weight _____		
A U T O S	Make _____		Model _____		Year _____		
	Color _____		License Plate # & Issuing State _____		Driver's License # & Issuing State _____		
Make _____		Model _____		Year _____			
Color _____		License Plate # & Issuing State _____		Driver's License # & Issuing State _____			
C O N T A C T S	Emergency Contact's Name (1) _____		Relationship to you _____				
	Emergency Contact's Address _____		Apt. # _____		City _____		
	State _____		Zip Code _____				
	( ) - _____		( ) - _____		( ) - _____		
	Home Phone # _____		Work Phone # _____		Cell Phone # _____		
	E-mail address _____		Emergency Contact's Name (2) _____		Relationship to you _____		
Emergency Contact's Address _____		Apt. # _____		City _____			
State _____		Zip Code _____					
( ) - _____		( ) - _____		( ) - _____			
Home Phone # _____		Work Phone # _____		Cell Phone # _____			
E-mail address _____							
<b>FOR OFFICE USE ONLY</b>							
Apartment # Applying For _____		Unit Size/Type _____		Floor _____		Est. MI Date _____	
Monthly Apartment Rent _____		# of Cats and/or Dogs included _____		Security Dep. _____			
Special Requests _____		Lease Term: From - To _____					
Date Applicant Notified By: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person		of <input type="checkbox"/> Acceptance or <input type="checkbox"/> Denial					
Leasing Agent That Rented Apt. _____		Leasing Agent That Notified Applicant of Decision _____					
<b>Franklin Landings received a deposit of \$ _____ with Check or Money Order # _____ on _____ which is considered the date of application. This deposit will be applied to the applicant's security deposit at the time of move-in. Balance due at move-in must be paid in the form of a certified check or money order.</b>							

I understand that the Owner/Agent will collect a deposit as stated above. I also understand that this deposit will be applied to the security deposit at the time of move-in. I understand that this application is subject to acceptance or denial. If the application is denied or is rescinded, the deposit will be refunded. The application will be processed in accordance with the applicable property's Resident Screening Guidelines in effect on the date of application. I hereby authorize Owner/Agent to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of such information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies, including and without limitation, various law enforcement agencies. Should any statement made in this rental application be a misrepresentation or untrue, the application will be denied immediately.

Applicant's printed name \_\_\_\_\_  
 Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Owner/Agent's signature \_\_\_\_\_ Date \_\_\_\_\_