Received on \_\_\_\_\_ (date) at \_\_\_\_\_(time)

**RESIDENTIAL RENTAL APPLICATION** Each occupant and co-applicant 18 years or older must submit a separate application.

| Property Address:   |                                 | (street)                | (apt #)                           |  |
|---|---------------------------------|-------------------------|-----------------------------------|--|
| Property Address:   | (city)                          | (state)                 | (zip)                             |  |
| Lease to begin:   | Monthly Rent: \$                | Lease Term:             |                                   |  |
| Applicant's name (first, middle, last                           | )                               |                         |                                   |  |
| Is there a co-applicant? $\Box$ ye                              | s $\Box$ no if yes, co-applican | t must submit a separat | e application                     |  |
| E-mail  |                                 |                         |                                   |  |
| Work Phone  | Cell Phone                      | 2:                      |                                   |  |
| Emergency Contact Name & No:<br>Soc. Sec. No<br>Date Of Birth// |                                 |                         |                                   |  |
| Soc. Sec. No  | Driver License No               | In                      | (state)                           |  |
| Date Of Birth / /   |                                 |                         |                                   |  |
| Name all other persons that will occ                            | uny the Property.               |                         |                                   |  |
| Name:   |                                 |                         | Age.                              |  |
| Name:   | Relationship                    |                         | Age:                              |  |
| Name:   |                                 |                         |                                   |  |
|   |                                 |                         |                                   |  |
| Applicant's Current Address:                                    |                                 |                         | Apt. No.                          |  |
|   |                                 |                         |                                   |  |
| Landlord's Name:  |                                 |                         |                                   |  |
| Landlord's Phones:  | (day)                           | (night)                 | (cell)                            |  |
| Date Moved-In   | Move-Out Date                   | Ren                     | .t \$                             |  |
| Reason for move:  |                                 |                         |                                   |  |
| Applicant's Previous Address:                                   |                                 |                         | Apt. No                           |  |
|   |                                 |                         | (city, state, zip)                |  |
| Landlord's Name:  |                                 |                         |                                   |  |
| Landlord's Phones:  | (day)                           | (night) _               | (cell)                            |  |
| Date Moved-In   | Move-Out Date                   | Ren                     | .t \$                             |  |
| Reason for move:  |                                 |                         |                                   |  |
| Applicant's Current Employer:                                   |                                 |                         |                                   |  |
| Address:  |                                 | (str                    | eet, city, state, zip)            |  |
| Supervisor's Name:  | Phone:                          | Fax                     | (Siresi, only, suite, hp)<br>Fax: |  |
| Supervisor's Name:<br>Start Date:                               | Gross Monthly Income: \$        | Position                | n:                                |  |
| Applicant's Previous Employer:                                  |                                 |                         |                                   |  |
| Address:  |                                 | (str                    | eet, city, state, zip)            |  |
| Supervisor's Name:  | Phone:                          | Fax                     | K:                                |  |
| Supervisor's Name:<br>Start Date:                               | Gross Monthly Income: \$        | Position                | n:                                |  |

| Describe other income Applicant wants considered: |                   |
|---|-------------------|
| Bank's Name and Phone                             |                   |
| Checking Account #                                | Savings Account # |

| Automobile – If Applicable                          |             |       |           |             |  |
|---|-------------|-------|-----------|-------------|--|
| License Number                                      |             | State |           |             |  |
| Make/Model  | Year        | Plate |           | State       |  |
| Has Applicant ever:                                 |             | Yes   | <u>No</u> | Explanation |  |
| Been Evicted?                                       |             |       |           |             |  |
| Been asked to move out by a landlord?               |             |       |           |             |  |
| Filed for bankruptcy?                               |             |       |           |             |  |
| Been sued for non-payment of rent?                  |             |       |           |             |  |
| Had any credit problems?                            |             |       |           |             |  |
| Been convicted of a crime?                          |             |       |           |             |  |
| Is there additional info Applicant wants considered |             | l? □  |           |             |  |
| Are there any criminal matters pending              | against you | ı? □  |           |             |  |

This Application is subject to prior Applications and shall remain the property of the owner. I certify that the above information is true and complete. Applicant understands that providing false or inaccurate information is grounds for rejection and a breach of any lease. I authorize the verification of this information by contacting any or all individuals, financial institutions listed above or credit reporting agencies. This is an application form. The applicant understands that all information will be verified and credit bureau reports completed, of which the contents will be shared with the Landlord. Until the Landlord has approved the application, no tenancy has been created and you have no rights to this apartment. The rental agent has no power to make any representations as to whether or not this application has been accepted or denied by the Landlord. If denied, applicant's sole remedy shall be the return of any deposit made hereunder. Any person signing on behalf of an applicant warrants and represents that said person has the authority to sign on behalf of such applicant. Any deposit hereunder shall be deemed made by such applicant regardless of whether the applicant personally signs or through a representative and such representative by signing in such capacity waives all rights to such deposit. The undersigned warrants and represents that all statements contained in this application are true, and recognized that the Landlord will execute a Lease in reliance upon the truthfulness thereof. Applicant agrees to execute a Standard Apartment Lease, as from time to time revised, and on the terms and conditions contained herein. Any deposit made by applicant, up to one month's rent, may be retained by Landlord as liquidated damages for failure of applicant to execute such Lease, make any payment hereunder, or if such Lease is terminated prior to occupancy for the untruth of any statement contained herein.

I UNDERSTAND THAT THIS APPLICATION AND LEASE AGREEMENT IS IRREVOCABLE IF ACCEPTED BY THE OWNER WITHIN FIVE DAYS, AND SHALL, UNTIL OWNER'S LEASE IS SIGNED, STAND IN LIEU THEREOF IF SO ACCEPTED AND OBLIGATES APPLICANT LEASEE(S) FOR THE TERM AND AT THE RENT MENTIONED. THE DEPOSIT SUBMITTED WITH THIS APPLICATION IS <u>NON-REFUNDABLE</u> IF ACCEPTED BY OWNER AS THE UNIT WILL BE TAKEN OFF THE MARKET.

| Signature of Applicant              | Date |
|-------------------------------------|------|
|                                     |      |
| Broker Information (if applicable): |      |
| Name:                               |      |
| Address :                           |      |
| Phone:                              |      |
|                                     |      |
|                                     |      |

 For Landlord's Use: On
 \_\_\_\_\_\_\_, \_\_\_\_\_\_ (name, initials) notified applicant

 By
 □ Phone
 □ Mail
 □ Fax
 □ in person
 that Applicant was
 □ approved
 □ not approved.