



STANDARD APPLICATION FOR LEASE

PLEASE PRINT

Processing Fee \$30.00
Non-Refundable

Date of Showing _____

The information on this application form is strictly confidential and will be so kept by the management. The purpose of the information below is to verify the applicant's credit qualifications. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which is deemed necessary to complete my application. The undersigned hereby makes application for a rental unit located at _____, beginning on _____, 20____, at a monthly rental of \$ _____ and submits the following information:

OCCUPANT'S FULL LEGAL NAME: (List all persons who will occupy the unit.)
A. _____ / _____ / _____ Relationship _____ Birthdate _____ S.S.N. _____
B. _____ / _____ / _____ Relationship _____ Birthdate _____ S.S.N. _____
C. _____ / _____ / _____ Relationship _____ Birthdate _____ S.S.N. _____
D. _____ / _____ / _____ Relationship _____ Birthdate _____ S.S.N. _____

APPLICANT _____ (Maiden Name) _____

CURRENT ADDRESS _____ Apt. No. _____
City _____ State _____ Zip _____
Home Phone _____ **Best time to call** _____
Check one: Rent _____ Own _____ Living with Parents _____ or Friends _____
How long at current address _____ Reason for leaving _____
Monthly rent now paying _____ Current Landlord/Manager's Name _____
Address _____ **Phone** _____

PREVIOUS ADDRESSES (Past 3 years + Apt. Numbers)
(1) _____ City _____ State _____ Zip _____ Apt. No. _____ How long _____
(2) _____ City _____ State _____ Zip _____ Apt. No. _____ How long _____
(3) _____ City _____ State _____ Zip _____ Apt. No. _____ How long _____
((1)(2)(3)continued):
(1) Living with parents _____ Friends _____ / Manager _____ Address _____ Phone _____
(2) Living with parents _____ Friends _____ / Manager _____ Address _____ Phone _____
(3) Living with parents _____ Friends _____ / Manager _____ Address _____ Phone _____

EMPLOYER _____
Address _____ City _____ **Phone** _____
How Long _____ Type of work _____
Supervisor's Name _____ Working hours _____ to _____

INCOME (Circle One): WEEKLY / TWO WEEKS / MONTHLY \$ _____ Net or Gross? _____
DAY OF WEEK PAID (Circle One): Monday Tuesday Wednesday Thursday Friday
OTHER INCOMES: \$ _____ **SOURCE** _____

PREVIOUS EMPLOYER _____
Address _____ City _____ **Phone** _____
How Long _____ Type of work _____

NAME OF BANK _____ **Account Number** _____ **Savings or Checking** _____

VEHICLE: How many vehicles do you own? _____
Model _____ Color _____ Year _____
License No. _____ State _____ **Payments? \$** _____

DRIVERS LICENSE # _____ **State** _____

NEAREST RELATIVES OR FRIENDS (List Two):
Name _____ Address _____
Apt. No. _____ City _____ Phone _____
Relationship _____
Name _____ Address _____
Apt. No. _____ City _____ Phone _____
Relationship _____

CREDIT REFERENCES AND CREDIT CARDS
Name _____ Account No. _____
Name _____ Account No. _____

Co - Applicant					
Name:					
Date of birth:		SSN:		Phone:	
Current address:					
City:			State:		ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent:		How long?
Previous address:					
City:			State:		ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent:		How long?
Employment Information					
Current employer:					
Employer address:					How long?
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly		Salary	(Please circle)
Annual income:					
Banking Information					
Name of Bank:					
Account Number:		Savings	Checking	Both	(Please circle)
Vehicle Information					
How many vehicles do you own?					
Model & Make:		Year:		Color:	
License Number:		State:		Monthly Payment:	
Drivers License Number:			State:		
Nearest Relatives or Friends (List Two)					
Name:					
Address:					
City:		State:		Zip Code:	
Phone:			Relationship:		
Name:					
Address:					
City:		State:		Zip Code:	
Phone:			Relationship:		
Credit References and Credit Cards Information					
Name:			Account Number:		
Name:			Account Number:		
Total Amount of Constant Monthly Payments other than Rent (example: child support/day care/furniture):					
Personal Property Insurance Carrier (if any) :					
Do you have?	Boat	Camper	Motorcycle	Bicycles	Trailer
Other	(Please circle)				
Do you have any pets?	Yes	No	(Please circle)	How Many?	Type:
Weight:					

Have you or Co – Applicant ever?	Applicant		Co-Applicant	
1. Had a Judgment against you?	Yes	No	Yes	No
2. Been served Eviction Notice or been Evicted?	Yes	No	Yes	No
3. Been convicted for any crime other than a minor Traffic Offense?	Yes	No	Yes	No
4. Changed your Name?	Yes	No	Yes	No

A Deposit in the sum of \$ _____ and received by _____ is made herewith. It is understood that this application is subject to approval and acceptance by management and if the application is no approved, the deposit will be returned to the applicant. Upon approval of application for lease and in the event applicant fails to sign lease within 24 hours of approval or such reasonable extensions approved by management, then in the event management shall keep all monies deposited as liquidated damages for lost rentals and expenses incurred. This application will become part of the lease agreement when applicant is approved by management. The undersigned make(s) the foregoing representation as being true and accurate. Deposit is forfeited if there are any material misrepresentations in the application.

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____