

# RENTAL APPLICATION

Dear applicant:

The information on this form is needed to determine if your household is eligible under \_\_\_\_\_ leasing criteria to reside at our Community. Please complete this entire form and leave no blanks.

How did you hear about our community:  ForRent.com  Apartments.com  Current Resident? \_\_\_\_\_  
 Walk / Drive By: \_\_\_\_\_  Other/ Referral \_\_\_\_\_

## HOUSEHOLD COMPOSITION

Relationship = Head of Household, Spouse, Occupant

#	Full Name	DL or ID #	Relationship	Date of Birth	F/T=Full Time P/T=Part Time	Social Security Number/ Alien Registration Number	Receiving any source of income?
1			<u>Head of Household</u>		<u>Student Status</u> o F/T o P/T o N/A		o Yes o No
2					Student Status o F/T o P/T o N/A		o Yes o No
3					Student Status o F/T o P/T o N/A		o Yes o No
4					Student Status o F/T o P/T o N/A		o Yes o No
5					Student Status o F/T o P/T o N/A		o Yes o No
6					Student Status o F/T o P/T o N/A		o Yes o No

Are any of the household members listed above foster children? oYes o No If yes, who? \_\_\_\_\_

Are any of the household members listed above a live-in attendant? oYes o No If yes, who? \_\_\_\_\_

Are any of the household members planning to attend school full time? o Yes o No If yes, who? \_\_\_\_\_

**Current Residence of Applicant:**

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Current Phone # (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Years \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone (\_\_\_\_) \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

**Previous Address (if Current Address is less than 2 years):**

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long \_\_\_\_\_ Years \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone (\_\_\_\_) \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

## CURRENT EMPLOYMENT INFORMATION

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____	o Hourly o Weekly o bi-weekly o twice a month o Monthly o Yearly o Other _____		# of hours worked per week	Work Fax

Co-applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____	o Hourly o Weekly o bi-weekly o twice a month o Monthly o Yearly o Other _____		# of hours worked per week	Work Fax

Occupant		Occupation		Work Phone	
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Name and Street Address of Employer		City	State	Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week
				Work Fax

Occupant		Occupation	Work Phone	
Name and Street Address of Employer		City	State	Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week
				Work Fax

**PREVIOUS EMPLOYMENT INFORMATION**

Applicant's name		Occupation	Work Phone	
Name and Street Address of Employer		City	State	Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week
				Work Fax

**CO-APPLICANT PREVIOUS EMPLOYMENT INFORMATION**

Co-Applicants name		Occupation	Work Phone	
Name and Street Address of Employer		City	State	Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week
				Work Fax

**OTHER SOURCES OF INCOME**

Does anyone in your household over 18 years of age receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source	Employment	Check one	Source	Benefits/Pensions	Check one	Source	Other	Check one
Second Job		<input type="radio"/> Yes <input type="radio"/> No	Workers Compensation		<input type="radio"/> Yes <input type="radio"/> No	Grants		<input type="radio"/> Yes <input type="radio"/> No
Bonuses		<input type="radio"/> Yes <input type="radio"/> No	Unemployment		<input type="radio"/> Yes <input type="radio"/> No	Scholarships		<input type="radio"/> Yes <input type="radio"/> No
Tips		<input type="radio"/> Yes <input type="radio"/> No	Alimony		<input type="radio"/> Yes <input type="radio"/> No	Recurring Gifts		<input type="radio"/> Yes <input type="radio"/> No
Commissions/fees		<input type="radio"/> Yes <input type="radio"/> No	Child Support		<input type="radio"/> Yes <input type="radio"/> No	AFDC/ TANF		<input type="radio"/> Yes <input type="radio"/> No
Overtime pay		<input type="radio"/> Yes <input type="radio"/> No	Social Security		<input type="radio"/> Yes <input type="radio"/> No	Other		<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked above, please complete the following:

Household member name	Amount received	Source
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	

**HOUSEHOLD ASSETS**

Does anyone in your household have any of the following types of assets with a value of \$5000 or over? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check one	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="radio"/> Yes <input type="radio"/> No	IRA/Keogh Account*	<input type="radio"/> Yes <input type="radio"/> No	Revocable trust fund	<input type="radio"/> Yes <input type="radio"/> No
Savings Account	<input type="radio"/> Yes <input type="radio"/> No	Retirement/Pension Fund*	<input type="radio"/> Yes <input type="radio"/> No	Mortgage/Note Held	<input type="radio"/> Yes <input type="radio"/> No
Cash	<input type="radio"/> Yes <input type="radio"/> No	Mutual Funds/Stock*	<input type="radio"/> Yes <input type="radio"/> No	Life Insurance Policy*	<input type="radio"/> Yes <input type="radio"/> No
Certificate of Deposit*	<input type="radio"/> Yes <input type="radio"/> No	Real Estate/Land*	<input type="radio"/> Yes <input type="radio"/> No	Personal Property Held as an Investment	<input type="radio"/> Yes <input type="radio"/> No

For each "Yes" marked above, please complete the following:

Household member name	Type of asset	Cash value (see note)	\$ Asset will earn in the next 12 months

NOTE: \*When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That's the amount you should list in the "cash value" column.

Have you sold any real estate for less than it's worth within the last two years? (If sale due to foreclosure, bankruptcy or divorce, answer no) oYes o No If yes, please explain on back page

Have you or your spouse/roommate ever been evicted? Or have a judgement from another apartment community or any previous landlord? Or owe another apartment community or any previous landlord a balance (money)? \_\_\_\_ Yes \_\_\_\_ No

Declared Bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

Do you use illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

Do you engage, or have you engaged in the past, in the distribution or sale of illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a felony, misdemeanor or **any** crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? YES \_\_\_\_ NO \_\_\_\_

Do you have any outstanding warrants for arrest? \_\_\_\_ Yes \_\_\_\_ No

Any Pest Control/ Infestation issues at your current/previous residence? \_\_\_\_ Yes \_\_\_\_ No

Person to contact in case of emergency:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Hm # \_\_\_\_\_ Wk # \_\_\_\_\_

**NOTE: MANAGEMENT IS NOT RESPONSIBLE FOR DAMAGE TO RESIDENT'S PROPERTY. RESIDENTS ARE STRONGLY ADVISED TO OBTAIN RENTERS INSURANCE TO COVER LOSS OR DAMAGE TO THEIR PROPERTY!**

**ADMINISTRATION DEPOSIT AGREEMENT**

**In consideration of \_\_\_\_\_ management holding the apartment for me, I agree to pay a Non-Refundable Administration fee of \$ \_\_\_\_\_ & a non-refundable application fee of \$ \_\_\_\_\_. Falsifying information on this application will deny my application. X \_\_\_\_\_ X \_\_\_\_\_**

Apt. # \_\_\_\_\_ Unit Type: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Move in date \_\_\_\_\_

**Special:** \_\_\_\_\_

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

**Application form must be read, filled out completely and signed by all household members 18 and older.**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant \_\_\_\_\_ Date \_\_\_\_\_

MANAGEMENT \_\_\_\_\_ Date \_\_\_\_\_

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and be returned.

