

Apartment Rental Application

Date of Application _		Property		Apt#	
		Monthly Rent \$	Bedrooms	Floor	
		Scheduled Date of Occupancy_	L	ease Term <u>1</u> yr	
		Security Deposit Required \$	1 MO MOI	1 MONTH SECURITY AND 1 MONTH RENT DUE AT SIGNING	
APPLICANT INFO	DRMATION	APPLICANT EMI	PLOYMENT INFORM <i>E</i>	ATION	
Full Name	Phone ()	Please attach 4 cons	Please attach 4 consecutive <u>current</u> pay stubs		
	Date of Birth	Employment Status		rt-Time Student	
Driver's License No	State	Current employer		t-Employed	
RESIDENCE HIST	ORY Landlord Verification is required				
Current Address		Employer Address	ADDRESS		
Current Address	ADDRESS		CITY	STATE ZIP	
Moved In Date	CITY STATE ZIP	Date Employed	MONTH	YEAR	
	MONTH YEAR	Employer Phone	()_		
Reason for leaving Monthly Payment	•	Your Annual Salary	\$		
• •	\$ ne	Household Gross M	onthly Income \$		
Landlord Address		Supervisor Name			
	ADDRESS	Supervisor Phone	()		
	CITY STATE ZIP	OTHER INCOME			
Landlord Phone	()	If there are other sou	arces of income you would ource, and person for verif		
Previous Address	ADDRESS.	have to reveal alimo	ny, child support unless yo		
	ADDRESS	it in this application			
D (M) II	CITY STATE ZIP		Amount \$	_	
Date Moved In	MONTH YEAR Moved Out MONTH Y	EAR Verification Contac			
Reason for leaving			()		
Landlord/Agent Nam Landlord Address			BANK ACCOUNTS		
	ADDRESS		Checking Account Bank:		
I 41 4 D1	CITY STATE ZIP		Checking Account Number:		
Landlord Phone ()		Savings Account Ba	Savings Account Bank:		
OTHER OCCUPAN	NTS	Savings Account No	umber:		
List the individual(s)	that will reside with the primary applicant	HAVEYOU OR CO	O-APPLICANT EVER:		
Name	AgeRelation	Been sued for non-p	payment of rent?	☐ Yes ☐ No	
Name	AgeRelation	Received a lease vio		Yes No	
Name	_AgeRelation	•	victed of drug dealing? or damage to rental propert	Yes No Yes No	
	-0-	Broken a Rental Ag		Yes No	
		Declared Bankrunte	Svr	Ves No	

2nd car is not quaranteed a parking space Full Name____Phone (____)_ Vehicle 1 MAKE/MODEL COLOR ____Date of Birth ____ Vehicle 2 MAKE/MODEL YEAR COLOR PLATE Driver's License No.____ **EMERGENCY CONTACT CO-APPLICANT RESIDENCE HISTORY** ____Relation ____ **Current Address** ADDRESS ADDRESS CITY STATE ZIP STATE CITY Moved In Date YEAR Phone (Reason for leaving ACKNOWLEDGEMENT Landlord/Agent Name PLEASE READ CAREFULLY BEFORE SIGNING Landlord Address 1. Landlord may at his option reject all applications for apartment and return the deposit to prospective tenant. STATE 2. No decorations or alternations will be made, other than mentioned, and Landlord will not be bound by any Landlord Phone representations, agreements or promises made by representativeor agents unless contained in the form lease **Previous Address** signed by the Landlord. 3. In the event a lease is executed between Landlord and Applicant, any deposit made hereunder shall be treated as a STATE deposit or part of a deposit pursuant to such lease. Date Moved In Moved Out MONTH MONTH YEAR 4. Agent or its representative cannot be held responsible or liable for occupancy date mentioned above. Reason for leaving 5. It is understood and agreed by the applicant that NO Landlord/Agent Name DOGS, CATS OR OTHER ANIMALS OR PETS shall be harbored in the subject apartment. Landlord Address ADDRESS 6. NO MOTORCYCLES or COMMERCIAL VEHICLES will be allowed in the complex. STATE 7. All tenants are required to obtain and maintain renters Landlord Phone insurance throughout the entirety of their tenancy. **CO-APPLICANT EMPLOYMENT INFORMATION** I, the undersigned, acknowledge that this written notice was Please attach 4 consecutive current pay stubs received prior to the undersigned receiving a lease agreement. Employment Status Full-Time Part-Time Student Retired Not-Employed I, declare the foregoing information is true and correct, and I hereby authorize you to conduct an employment, credit check, Current employer_ landlord, criminal background and verify my references. **Employer Address** ADDRESS Applicant CITY STATE ZIP Co-Applicant -Date Employed SIGNATURE DATE **Employer Phone** _____ Annual Salary___ _____ Phone (__ Supervisor Name Applicant email **CO-APPLICANT OTHER INCOME** If there are other sources of income you would like for us to consider, please list here. Co-Applicant email_____ Additional Income Amount \$_______ per____Source_ _____Phone (_____) ____ Verification Contact Name____ How did you learn about us? **CO-APPLICANT BANK ACCOUNTS** Checking Account Bank_____Account Number____ Savings Account Bank _____ Account Number ___

CO-APPLICANT INFORMATION

AUTOMOBILE