

Application for Occupancy (Page 1)

Property Information			
Name of Property	Rental Rate Unit Type (Studio, 1 BR, 2BR, etc.)	Desired Date of Occupancy	
Leasing Agent	Number of Occupants	Co-Signor	Name of Roommate or Spouse

Failure to answer all questions completely, including where applicants and references may be reached Monday – Friday from 8:00 a.m. to 5:00 p.m., will delay the processing of this application.
Incomplete applications will not be processed!

Applicant Information				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Co-Signor for _____				
NAME	Last	First	Middle	SSN (Social Security Number)
Driver's License Number	State Issued	Date of Birth	Description of Pets	
SPOUSE NAME	Last	First	Middle	SSN (Social Security Number)
Driver's License Number	State Issued	Date of Birth	Description of Pets	

Residential Information						
CURRENT	Street Address and Apt #	City	State	Zip Code	County	Home Phone
Circle One:	Name of Landlord, Apartment or Mortgage Co.		Phone	How long?		Rental Amount
Rent/Own/Family	From ___/___/___					
PREVIOUS	Street Address and Apt #	City	State	Zip Code	County	Home Phone
Circle One:	Name of Landlord, Apartment or Mortgage Co.		Phone	How long?		Rental Amount
Rent/Own/Family	From ___/___/___ To ___/___/___					
PREVIOUS	Street Address and Apt #	City	State	Zip Code	County	Home Phone
Circle One:	Name of Landlord, Apartment or Mortgage Co.		Phone	How long?		Rental Amount
Rent/Own/Family	From ___/___/___ To ___/___/___					
Have you ever willingly refused to pay rent? If so, why?				Have you ever been convicted of a crime? If so, why?		
Have you ever been evicted from a residence? If so, why?				Have you ever filed bankruptcy? If so, when?		

Employment Information						
APPLICANT	Employer	Address	City	State	Zip Code	Phone
Position/Department	Supervisor	Phone #		How long?		Gross Monthly Income
From ___/___/___ To ___/___/___						
Previous Employer	Supervisor	Phone #		How long?		Gross Monthly Income
From ___/___/___ To ___/___/___						
SPOUSE	Employer	Address	City	State	Zip Code	Phone
Position/ Department	Supervisor	Phone #		How long?		Gross Monthly Income
From ___/___/___ To ___/___/___						
Previous Employer	Supervisor	Phone #		How long?		Gross Monthly Income
From ___/___/___ To ___/___/___						

Application for Occupancy (Page 2)

Applicant Information (Please enter again in case Page 1 and Page 2 get separated)				
NAME	Last	First	Middle	SSN (Social Security Number)

Character References, Bank, Other Income and Emergency Contact and Vehicle Information:						
CHARACTER REFERENCE	Name	Relationship	Phone #	How long known?		
	Name	Relationship	Phone #	How long known?		
BANK	Address	Phone	Checking Account #	Savings Account #	How long held?	
OTHER INCOME	Source	Gross Monthly Income	Duration of Income			
EMERGENCY CONTACT	Name		Relationship	Phone #		
How did you hear about this apartment? Check all that apply.						
<input type="checkbox"/> Friend/Tenant <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Drove by <input type="checkbox"/> Publication _____ <input type="checkbox"/> Other _____						
VEHICLE(S)	Make/Model	Color	License Plate #/State	Make/Model	Color	License Plate #/State

This application must be signed by all adults who will occupy the apartment before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of applicant at the time the rental agreement is executed. If approved and the rental unit is held for applicant for more than 2 days, then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord. A non-refundable screening fee of \$_____ will be collected to process this application.

Ref/Inv Fee Required	Security Deposit	Pet Deposit (if allowed)	Amount Paid	Amount Still Due
\$	\$	\$	\$	\$

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.



Applicant's Signature	Date	Spouse's Signature	Date
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