

APPLICATION FOR APARTMENT

Full Name _____ Soc. Sec. No. _____ Telephone # _____ Cell # _____ Date of Birth _____

Present Street Address _____ City _____ State _____ Zip _____ Email _____

How Long At Present Address? _____ Lease Yes No Date Of Lease Expiration _____ Monthly Rent _____ # Of Rooms _____

Present Landlord's Name _____ Present Landlord's Address _____ Landlord's Telephone# _____

Reason For Leaving _____

Previous Address _____ How Long At Previous Address? _____ Monthly Rent? _____

Previous Landlord's Name _____ Previous Landlord's Address. _____ Previous Landlord's Telephone # _____

Employer _____ How Long Employed? _____ Employer's Telephone # _____

Business Address _____ Job Title _____ Landlord's Telephone # _____

Salary \$ _____ Week Month Year Part-Time Full-Time Supervisor's Name _____ Supervisor's Telephone # _____

Previous Employer _____ How Long Employed? _____ Previous Employer's Telephone # _____

Previous Employers Business Address _____ Previous Landlord's Telephone # _____

Salary \$ _____ Part-Time Full-Time Other Income \$ _____ Week Month Year Verification Contact _____

Persons To Occupy Apartment - (All Occupants 18 And Older Must Complete And Sign Application)

1. Name _____	D.O.B. _____	3. Name _____	D.O.B. _____
2. Name _____	D.O.B. _____	4. Name _____	D.O.B. _____

Remarks - Including Apartment Preference And Date Desired _____

Do You Prefer A NON Smoking Building? _____ How Did You Hear About Us ? _____

Do You Have A Pet ? Yes No Small Medium Large Breed _____ Description _____

Year and Make Of Vehicle _____ Vehicle License # _____ State _____

Year and Make Of Second Vehicle _____ Vehicle License # _____ State _____

Emergency Contact _____ Relationship _____

Address _____ Telephone _____

PLEASE READ CAREFULLY BEFORE SIGNING

Applicant represents that the information set forth on this application is true and complete. Applicant authorizes verification of any information contained in this application and verification of credit history and criminal history from a consumer reporting agency. The deposits paid are not refundable if this application is approved following verification.

Dated _____ (Applicant's Signature)

PLEASE DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Security Deposit \$ _____ or None
 Rent _____
 Application Fee _____
 Redecorating Fee _____
 Other _____
 Total \$ _____

Apartment Rent \$	Apartment Type	Apartment Number	Account Number
Additional Rent \$	Security Deposit \$	Years Prev. Occupied	Date Available
Term	From	To	Occupancy Date
<input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished	Rental Agent		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By Whom		Date