

# RENTAL APPLICATION

DATE OF APPLICATION \_\_\_\_\_ APT SIZE DESIRED \_\_\_\_\_ DATE DESIRED \_\_\_\_\_

APPLICATION FEE REQUIRED \_\_\_\_\_ RENT AMOUNT \$ \_\_\_\_\_ APT ADDRESS \_\_\_\_\_

LEASE TERM DESIRED: 12 MONTH SIX MONTH OTHER \_\_\_\_\_

A DEPOSIT OF \$ \_\_\_\_\_ IS ACCEPTED AS A HOLDING DEPOSIT. THIS DEPOSIT CAN BE RETURNED TO YOU ONLY IF THE APPLICATION IS NOT APPROVED. UPON APPROVAL AND A SIGNED LEASE, THIS DEPOSIT SHALL BECOME THE SECURITY DEPOSIT REQUIRED BY THE LEASE.

## NAMES OF ALL ADULTS WHO WILL OCCUPY APARTMENT

(1) \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL DATE OF BIRTH SOCIAL SECURITY NO.

(2) \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL DATE OF BIRTH SOCIAL SECURITY NO.

## NAMES OF ALL OTHER OCCUPANTS

\_\_\_\_\_  
LAST FIRST MIDDLE INITIAL DATE OF BIRTH RELATIONSHIP

\_\_\_\_\_  
LAST FIRST MIDDLE INITIAL DATE OF BIRTH RELATIONSHIP

\_\_\_\_\_  
LAST FIRST MIDDLE INITIAL DATE OF BIRTH RELATIONSHIP

\_\_\_\_\_  
LAST FIRST MIDDLE INITIAL DATE OF BIRTH RELATIONSHIP

## CURRENT ADDRESS

\_\_\_\_\_  
NUMBER & STREET NAME CITY STATE ZIP HOWLONG?

\_\_\_\_\_ RENT RATE \$ \_\_\_\_\_

\_\_\_\_\_ NAME OF APTS OR RENTAL AGENT TELEPHONE

## PREVIOUS ADDRESS

\_\_\_\_\_  
NUMBER & STREET NAME CITY STATE ZIP HOWLONG?

\_\_\_\_\_ RENT RATE \$ \_\_\_\_\_

\_\_\_\_\_ NAME OF APTS OR RENTAL AGENT TELEPHONE

## EMPLOYMENT OF ALL ADULTS

(1) CURRENT EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

YOUR POSITION \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

(2) CURRENT EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

YOUR POSITION \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

SOURCE OF ADDITIONAL INCOME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ PER \_\_\_\_\_

**AUTOMOBILE** MAKE YEAR COLOR PLATE #

DESCRIPTION \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

DO YOU OWN ANY RECREATIONAL VEHICLES? IF SO, PLEASE DESCRIBE \_\_\_\_\_

## EMERGENCY CONTACT WHOM MAY WE CONTACT IN CASE OF PERSONAL EMERGENCY (SOMEONE NOT LIVING WITH YOU)

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & STATE & ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? (PLEASE CHECK)** NEWSPAPER APARTMENT WELCOME CENTER

APT GUIDE APT FINDER APT BOOK REFERRAL OTHER \_\_\_\_\_

## IMPORTANT TO APPLICANTS

1) ARE YOU A PET OWNER? NO YES IF SO, WHAT KIND \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_  
NO ANIMAL OF ANY KIND SHALL BE PERMITTED IN THE PREMISES WITHOUT PRIOR WRITTEN CONSENT OF THE LANDLORD.

2) DO YOU HAVE RENTER'S INSURANCE? NO YES COMPANY & POLICY # \_\_\_\_\_

3) THE LEASE EFFECTIVE DATE IS FINAL. IF THE APPLICANT FAILS TO MOVE IN ON THAT DATE, PRORATED RENT WILL STILL BE CHARGED FROM THE LEASE EFFECTIVE DATE.

4) A FULL MONTH'S RENT WILL BE DUE AT MOVE-IN. IF THERE IS A PRORATED RENT AMOUNT, IT WILL BE DUE ON THE FIRST DAY OF THE FOLLOWING MONTH. IF MOVE-IN OCCURS ON THE 25<sup>TH</sup> OR LATER PRORATED RENT AND THE FULL MONTH'S RENT WILL BE DUE.

5) IT IS SUGGESTED THAT LOCAL UTILITY COMPANIES BE CONTACTED AT LEAST 72 HOURS PRIOR TO MOVE-IN TO ENSURE NON-INTERRUPTION OF ELECTRICAL SERVICE AND WATER.

(OVER)

**QUALIFICATION STANDARDS**

**INCOME REQUIREMENTS :**

EMPLOYMENT AND INCOME WILL BE VERIFIED ON EACH APPLICANT. MONTHLY INCOME MUST MEET THE MINIMUM REQUIREMENTS FOR THE COMMUNITY TO WHICH THE APPLICATION IS SUBMITTED.

**RENTAL REFERENCE:**

TWO YEARS OF RENTAL HISTORY WILL BE VERIFIED ON EACH APPLICANT. APPLICANT'S NAME MUST HAVE BEEN ON THE LEASE FOR THE REFERENCE TO BE VALID. REFERENCES SHOULD REFLECT THE APPLICANT'S ABILITY AND WILLINGNESS TO COMPLY WITH LEASE TERMS AND COMMUNITY POLICIES AND GUIDELINES.

**CREDIT QUALIFICATIONS:**

CREDIT INFORMATION ON EACH APPLICANT WILL BE OBTAINED THROUGH A NATIONAL CREDIT-REPORTING AGENCY. CREDIT HISTORY SHOULD POSITIVELY REFLECT THE APPLICANT'S ABILITY AND WILLINGNESS TO MAKE PAYMENTS AS REQUIRED BY THE LEASE.

**SIGNATURE OF ALL ADULTS TO APPEAR ON LEASE**

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE, INCLUDING CREDIT BUREAU REPORTS

CONTACT PHONE # (daytime)  
and E-MAIL ADDRESS

(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

KEYS WILL BE RELEASED ON THE DATE OF MOVE-IN AFTER ALL ADULTS HAVE SIGNED THE LEASE.

SIGNATURE OF LEASING COUNSELOR: \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

RESIDENT'S NAME \_\_\_\_\_ APT ADDRESS \_\_\_\_\_

APPLICATION FEE PAID \$ \_\_\_\_\_ DATE DEPOSITED \_\_\_\_\_ REPORT # \_\_\_\_\_

SECURITY DEPOSIT PAID \$ \_\_\_\_\_ DATE DEPOSITED \_\_\_\_\_ REPORT # \_\_\_\_\_

PET DEPOSIT PAID \$ \_\_\_\_\_ DATE DEPOSITED \_\_\_\_\_ REPORT # \_\_\_\_\_

LEASE TERM 12 MONTH 6 MONTH OTHER \_\_\_\_\_

MONTHLY RENT \$ \_\_\_\_\_ MONTHLY PET FEE \$ \_\_\_\_\_ ONE-TIME PET FEE \$ \_\_\_\_\_

CONC \_\_\_\_\_

ADDITIONAL ITEMS REQUESTED FURNITURE HOUSEWARES WASHER/DRYER  
OTHER \_\_\_\_\_

**APPLICATION VERIFICATION CHECKLIST (PLEASE INITIAL EACH WHEN COMPLETED)**

\_\_\_\_\_ WRITTEN RENTAL/PET REFERENCE RECEIVED AND ATTACHED

\_\_\_\_\_ WRITTEN EMPLOYMENT & INCOME VERIFICATION RECEIVED AND ATTACHED

\_\_\_\_\_ WRITTEN CREDIT REPORT RECEIVED AND ATTACHED

\_\_\_\_\_ TOTAL POINTS EARNED

APPLICATION APPROVED APPLICATION APPROVED ONLY WITH \_\_\_\_\_

APPLICATION DECLINED DATE NOTIFIED \_\_\_\_\_ BY \_\_\_\_\_

IF THIS APPLICATION WAS DECLINED, WHAT WAS THE BASIS FOR REFUSAL? (MORE THAN ONE MAY BE CHECKED)

\_\_\_\_\_ UNFAVORABLE CREDIT REPORT \_\_\_\_\_ UNFAVORABLE EMPLOYMENT REFERENCE

\_\_\_\_\_ UNFAVORABLE RENTAL REFERENCE \_\_\_\_\_ NUMBER OR SIZE OF PETS

\_\_\_\_\_ EXCEEDS OCCUPANCY STANDARDS \_\_\_\_\_ INSUFFICIENT INCOME

\_\_\_\_\_ INACCURATE INFORMATION SUBMITTED ON APPLICATION

\_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

**REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_

MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_