

APPLICATION FOR OCCUPANCY

Please fill out completely. Failure to complete this application in full, including daytime phone numbers, will delay completion of this application.

Desired date of occupancy _____ Today's Date _____ 20 _____

Name _____ Social Security Number: _____
First Middle Last

Date of Birth: _____ Married Single Divorced Separated
Check One

Spouse's Name _____ Social Security Number: _____
First Middle Last

Spouse's Date of Birth: _____ Maiden name if less than 2 years: _____

No. of people who will occupy: Adults (over age 18) _____ Children (thru age 18): _____

Ages of children who will occupy _____ Description of Pets: _____ Approx. Weight _____

Home Phone: () _____ Cell Phone: () _____ Consent to communicate by email

Work Phone: () _____ Email: _____

Designated Contact (person to contact if we cannot reach you): _____

Part I - RESIDENCE HISTORY

Name	Address	Phone
A. Present Address	# _____ <i>(Include apartment number if applicable)</i>	Rent/Pmt _____ From: _____ To: _____
	Phone _____ <i>(city, state, and zip code)</i>	
Present Landlord	_____	Phone _____
	<i>Name and address, (show mortgage company if buying, list Mgt. Loan No.)</i>	
B. Previous Address	# _____ <i>(Include apartment number if applicable)</i>	Rent/Pmt _____ From: _____ To: _____
	Phone _____ <i>(city, state, and zip code)</i>	
Previous Landlord	_____	Phone _____
	<i>Name and address, (show mortgage company if buying, list Mgt. Loan No.)</i>	

Part II - EMPLOYMENT

A. Employed by	Phone _____	From: _____ To: _____
Address _____	Dept. or Position _____	Monthly Income _____
B. Spouse's Employment	Phone _____	From: _____ To: _____
Address _____	Dept. or Position _____	Monthly Income _____
C. Other Income	_____	
	<i>(Indicate source and amount)</i>	

Number of Cars (Incl. Co. Cars)	State	Driver's License No.
Make _____	Year _____	License _____
Make _____	Year _____	License _____

A processing charge of \$ 40.00 will be retained by the Landlord.

This application must be signed by all adults who will occupy the apartment before it can be considered by 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 applicant or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If the apartment is held for applicant for more than _____ days, all monies deposited shall be forfeited to Landlord as liquidated damages.

By signing, the applicant recognizes that an investigative report may be prepared whereby information is obtained through interview. This inquiry includes information as to your character, general reputation, credit, and mode of living. The application may be disapproved as a result of; any misrepresentation or insufficient information as a result of an incomplete application. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

Reservation Deposit with application	\$ _____	Signature _____
Reservation Deposit for pets (if allowed)	\$ _____	Applicant
Total Deposit with application	\$ _____	Signature _____
		Applicant's Spouse

» FOR OFFICE USE ONLY «
INVESTIGATION PART I – RENTAL HISTORY

Name _____ Spouse _____

REF	LENGTH OF RESIDENCY	PAYMENT EXPERIENCE	CONDITION OF PREMISES	DAMAGE AMOUNT	NOISE COMPLAINTS	NOTICE GIVEN	RENT AMOUNT	REMARKS
A.								
B.								
NOT LISTED BY APPLICANT								
C.								

APARTMENT INFORMATION (Must be completed by owner)

Address of Apt. rented		Apt. No.	City		Occupants: Adults		PETS	
			State		Children: Ages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Zip					
Length of lease Months	Notice Required Days	Apt. Size	<input type="checkbox"/> 2 Bdrm	<input type="checkbox"/> House	Check Dep.	Move-In Date	Mo. Rent	Rent Includes
		<input type="checkbox"/> 1 Bdrm	<input type="checkbox"/> 3 Bdrm	<input type="checkbox"/> Studio	Cash Dep.			<input type="checkbox"/> Elect <input type="checkbox"/> Gas

Date _____ Received: Cash _____ Money Order _____ Check _____ TOTAL \$ _____

Received by: _____ Non-Refundable Processing Fee \$ _____

Sum Subject to Forfeit \$ _____

Balance \$ _____

Applicant learned of vacancy from:

Residence Deposit \$ _____

Pet Deposit \$ _____

Furniture Deposit \$ _____

Total SECURITY DEPOSIT \$ _____

Address _____

Desire Possession _____

Term of Rental Agreement _____

Monthly Rent _____ / _____ / _____

Base Pet TOTAL

Approved Disapproved

BY _____

Applicant notified by _____

Date _____ Time _____

\$ _____ Refunded _____

Date phoned in _____ Time _____

Date reported back _____ Time _____

File No. _____