	FORM	Document Number: FRM 004
Document Title: Tenant Application		Revision: B
Originating Department: Property Management		Effective Date: 7/10/09

FOR OFFICE USE ONLY: _____
DATE

RESIDENT _____

APPLICANT# _____

ADDRESS _____ **#BR** _____

Date of Application _____ **Monthly rent** _____ **Security Deposit** _____

(Each co-applicant must submit separate application) **M/I Prorate** _____ **Concession amount** _____

Lease start date _____

TO BE FILLED OUT BY APPLICANT

Applicant Name _____ **Date of Birth** _____

Social No. _____ **Drivers License No.** _____ **State** _____

Spouse's Name _____ **Date of Birth** _____

Social Security No. _____ **Drivers License No.** _____ **State** _____

Email Address: _____

OTHER OCCUPANTS:

Name _____	DOB _____	Age _____	Relationship _____
Name _____	DOB _____	Age _____	Relationship _____
Name _____	DOB _____	Age _____	Relationship _____
Name _____	DOB _____	Age _____	Relationship _____
Name _____	DOB _____	Age _____	Relationship _____

Current Address _____ **Apt. #** _____ **City** _____ **State** _____ **Zip Code** _____

Home Telephone _____ **Date: To** _____ **From** _____

Present Landlord _____ **Apt. Name** _____

Phone (____) _____ **Monthly Payment:** _____

HAVE YOU EVER BEEN FILED ON OR EVICTED FROM ANY LEASE PROPERTY? [] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY? [] YES [] NO

Previous Address: _____ **City** _____ **State** _____ **Zip Code** _____

Name of Previous Landlord _____ **Phone No.** _____

Present Employer _____ **Position** _____


Business Address _____ **Phone No.** _____

Supervisor _____ **Employed Since** _____ **Gross Monthly Salary** _____

Previous Employer _____ **Position** _____

Business Address _____ **Phone No.** _____

Supervisor _____ **Employed Since** _____ **Gross Monthly Salary** _____

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Spouse's Employer _____ Position _____
 Business Address _____ Phone No. _____
 Supervisor _____ Employed Since _____ Gross Monthly Salary _____

OTHER SOURCES OF INCOME

Examples: Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest Income, Baby sitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental Properties, Armed Forces Reserve, Scholarships and/or Grants.

Household Member	Source of Other Income	Monthly Amount
_____	_____	_____
_____	_____	_____

Checking Account(s): BANK NAME ONLY **Savings Account(s): BANK NAME ONLY**
 Bank _____ Bank _____

Emergency Contact _____ **Relationship** _____
 Address _____ Phone _____


VEHICLES
 Year & Make _____ Color _____ License No. & State _____
 Year & Make _____ Color _____ License No. & State _____

PETS
 Type/Breed _____ Weight: _____

Any Pet NOT Disclosed on this application or at time of lease signing will result in a Pet Fee of \$500
 Applicant hereby authorizes by his/her signature be verification of any and all information set forth on this application, including release of information by any bank or credit institution, employer (present and former) or background processing agency. **APPLICANT REPRESENTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE.** Material misrepresentations on this application will constitute a default and the acceptance or rejection of applicant shall remain within the sole discretion of Management.

APPLICATION PROCESSING CHARGE: Applicant has submitted the sum of \$25.00, (\$40.00 for married couple) which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between the parties that in the event this application for said agreement is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.



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SECURITY DEPOSIT: I hereby deposit the sum of \$_____ with Management as a good faith deposit in connection with this rental application. It is understood and agreed that in the event this application is rejected by Management, then the said sum so received as security deposit shall be returned to applicant without interest within 30 hours. If I cancel or refuse to enter into a lease on the agreed upon date for a stated home after being approved and after a period of 30 hours, then the sum deposited shall be retained by Management to serve as liquidation damages it will suffer by reason of my failure to enter into residency.

APPLICANT SIGNATURE _____ **DATE** _____
SPOUSE SIGNATURE _____ **DATE** _____
LEASING AGENT _____ **DATE** _____
Approved Date _____ **Date Resident Notified** _____ **By Rep.** _____
Phone _____ **Letter** _____ **In Person** _____ **Time** _____