

APPLICATION**(To be completed by each ADULT APPLICANT)**

Verified Drivers License or State ID Yes No	Full Report	Credit Plus	Fast Facts
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Management Company	Complex Name	Contact	Telephone
Move In Date	Unit Number	Monthly Rent	Lease Referred By

APPLICANT INFORMATION

APPLICANT Last Name	First	Middle	D.O.B	Social Security #	Drivers License #
Roommate(s) Name(s)					

CURRENT RESIDENCE

Address	City	State	Zip	Rent Own	In Date Out Date	Monthly Rent	Telephone
Landlord Name	Landlord Address Zip	City	State	Zip	Landlord Day Phone	Lndlr Evening Ph.	
Reason For Vacating:				List Any Roommates At This Residence:			
HAVE YOU GIVEN LEGAL NOTICE AT YOUR CURRENT RESIDENCE?						Yes	No

PREVIOUS RESIDENCE

Address	City	State	Zip	Rent Own	In Date Out Date	Monthly Rent	Telephone
Landlord Name	Landlord Address Zip	City	State	Zip	Landlord Day Phone	Lndlr Evening Ph.	
Reason For Vacating:				List Any Roommates At This Residence:			

EMPLOYMENT

Applicant Current Employer	Position	Telephone	Supervisor's Name	Salary/Month	Date of Hire
Additional Sources Of Monthly Income (list any income to be included for qualification \$ Per Month From: P hone:					

ADDITIONAL INFORMATION

Applicant Bank Name	Branch	Telephone	Checking Account #	Savings Account #
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List All Vehicles To Be Parked On-Site:

Make	Model	Year	Color	License	State	Occupant Name	D.O.B
Make	Model	Year	Color	License	State	Occupant Name	D.O.B.

Other Vehicles:

Have you, or any person who will occupy the unit, plead guilty/ no-contest to any felony or misdemeanor? No Yes Describe Offense: When:						Have you been evicted? No Yes	
EMERGENCY CONTACT			Relationship	Address	Telephone		

APPLICANT SCREENING CHARGE: \$ 35.00

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Owner/Agent has charged a screening charge as set forth above. Applicant screening entails the checking of information provided to the owner/agent by the screening service or credit reporting agency. Applicant's copy of this signed application shall be the receipt for the screening charge. The screening service is _____.

If the applicant is approved, applicant will have 24 hours from the forfeiture of the deposit if applicant(s) fail to execute the rental agreement. If applicant(s) fail to timely take the steps require above, they will be deemed to have refused the unit and the next application for the unit will be processed. Owner/Agent shall have no liability to applicant until such time as a rental agreement is signed by both parties. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete.

Signed: _____ Applicant: _____ Date: _____