

APARTMENT RENTAL LEASE APPLICATION

LEASE SIGN DATE _____
TIME _____AGENT _____ 3 MO 6 MO 12 MO MOVE IN DATE ____/____/____ RATE \$ _____ SEC DEP \$ _____
CARPET _____ TYPE _____ BLDG _____ APT _____ ADDRESS _____ CARPORT _____
RESERVATION FEE \$ _____ CHECK # _____ VISA/MC _____ CASH _____ MO/CC _____ By _____
MISCELLANEOUS _____ A/S: _____ R/R: _____
TRANSFER ADD _____ BUY/BUILD ADD _____ CAT ADD _____ DOG ADD _____**APPLICANT**Name _____ Age _____
Address _____
City/State/ZIP _____
Rent/Mortgage \$ _____ E-Mail _____
Home # _____ Mobile # _____
Social Security # _____
Driver's License # _____JOINT CO-SIGN OCCUPANT Name _____ Age _____
Address _____
City/State/ZIP _____
Rent/Mortgage \$ _____ E-Mail _____
Home # _____ Mobile # _____
Social Security # _____
Driver's License # _____**EMPLOYER**Employer Name _____
Address _____
City/State/ZIP _____
Main # _____ Direct # _____
Salary _____ Length _____
Position _____**EMPLOYER**Employer Name _____
Address _____
City/State/ZIP _____
Main # _____ Direct # _____
Salary _____ Length _____
Position _____**CHILDREN (living with you)**Name _____ Age _____
Name _____ Age _____**CHILDREN (living with you)**Name _____ Age _____
Name _____ Age _____**VEHICLE**Year _____ Make _____ Model _____
Color _____ Plate # _____**VEHICLE**Year _____ Make _____ Model _____
Color _____ Plate # _____**REFERENCES**Business _____
NAME ADDRESS CITY/STATE/ZIP PHONE #Personal _____
NAME ADDRESS CITY/STATE/ZIP PHONE #Checking _____
ACCOUNT # BANK ADDRESS CITY/STATE/ZIP PHONE #**NOTIFY IN CASE OF EMERGENCY**

NAME RELATIONSHIP ADDRESS CITY/STATE/ZIP PHONE #

If Applicant cancels within 24 hours after notification of approval, the Reservation Fee will be refunded. If Applicant cancels 24 hours after notification of approval, the Reservation Fee will be forfeited. If any information given by Applicant is later found to be untrue, the Application will be denied, the Reservation Fee will be forfeited, and we will not rent to Applicant in the future. Applicant hereby authorizes the investigation of personal history and/or financial and credit background through the use of credit agencies or other investigation services.

APPROVED BY _____ DATE _____

NOTIFIED BY _____ DATE _____

TIME _____

SIGNATURE DATE

NOTES _____

SIGNATURE DATE

SCOREX _____ EXPERIAN _____

EDISON # _____ CONSUMERS # _____

I acknowledge receipt of the Resident Information Sheet _____

RESIDENT REVIEW (OK NOT OK) PER _____ ON _____ BY _____