



## JMD APARTMENTS APPLICATION

### APPLICANT CONSENT:

*I consent to JMD Apartments, along with its agents and employees, obtaining my credit and criminal background information for the purpose of assessing my rental application. I further acknowledge that if I lease an apartment, JMD Apartments may continue to review this information, including my payment and occupancy history, for management and administrative purposes.*

Full Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Current Address: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Landlord's Name & Phone: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

### EMPLOYMENT INFORMATION:

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_

Supervisor's Name & Phone: \_\_\_\_\_

May we contact your employer? ☐ Yes ☐ No

If no, please explain:

\_\_\_\_\_

Additional Income (if any): Source: \_\_\_\_\_ Monthly Income Amount:  
\$ \_\_\_\_\_

Any Pet(s)/ ESA's? ☐ Yes ☐ No

If yes, what? How many? Weight? \_\_\_\_\_

**ILLEGAL DRUG USE:**

Are you currently using illegal drugs or any controlled substance that has not been prescribed to you by a licensed/certified physician? \_\_\_\_\_

Have you ever been convicted of selling illegal drugs or a controlled substance? \_\_\_\_\_

Have you ever been convicted of manufacturing illegal drugs or a controlled substance? \_\_\_\_\_

**CRIMINAL CONVICTION:**

Have you ever been convicted of a crime that endangered property or the health, safety, or welfare of another person or property? \_\_\_\_\_

**OCCUPANCY:**

How many people (above one year old) will be living in the apartment? \_\_\_\_\_

**OTHER OCCUPANTS:**

List all occupants, other than yourself, who would be living in the apartment (include any occupants under the age of one year old):

_____	_____	_____
Name - Last, First, Middle Initial	Date of Birth	Age

_____	_____	_____
Name - Last, First, Middle Initial	Date of Birth	Age

**SECURITY DEPOSIT:**

The security deposit, equal to one month's rent, is held with the understanding that it will be refunded if the application is not approved. Should the applicant decide not to rent the apartment, they must provide written notice to JMD Apartments within three (3) business days of submitting this application to receive a full refund. If notice is given after the three-day period, the deposit will be forfeited. \_\_\_\_\_ (applicant's initials)

**CREDIT REPORT FEE AND CRIMINAL BACKGROUND CHECK FEE:**

A non-refundable \$50.00 fee is required to process the credit and criminal background check.

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Applicant Name

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Applicant Signature

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Date

**RENTER'S INSURANCE:**

I/We understand and acknowledge that JMD Apartments requires liability or property damage insurance with a minimum of \$300,000 in coverage. The policy must include fire, smoke, explosion, and water as covered risks. It is my/our obligation to obtain and maintain this policy and ensure all premiums are paid for the full length of the lease. It is understood that JMD Apartments must be named as an "Interested Party" or "Additional Interest" on the insurance policy and must receive related policy updates. By initialing below, I/We confirm our liability insurance choice.

\_\_\_\_\_ I/We make no election at this time BUT WILL PROVIDE PROOF OF LIABILITY OR PROPERTY DAMAGE COVERAGE PRIOR TO RECEIVING THE KEYS TO THE APARTMENT.

\_\_\_\_\_ I/We have enrolled in the RENTERS INSURANCE SELECT PROGRAM (\$300,000 minimum resident liability coverage)

\_\_\_\_\_ I/We have arranged for personal liability insurance or property damage coverage through (*specify company*) \_\_\_\_\_ and have listed JMD APARTMENTS as an "Interested Party" or "Additional Interest" on my/our policy. I/We understand that I/We are required to maintain liability or property damage coverage for the duration of my/our lease.

I understand that a copy of the declarations page for this policy must be provided to the Pine Ridge Apartment leasing office prior to moving in.

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Applicant Name

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Applicant Signature

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Date

**RENTAL DISCLOSURE: CONSUMER NOTICE – THIS IS NOT A CONTRACT**

I, \_\_\_\_\_, acknowledge that in relation to JMD Apartments, I am acting in the following capacity (please check one):

- ☐ Owner/Landlord of the property
- ☐ A direct employee of the owner/landlord
- ☐ An authorized agent of the owner/landlord under a property management or exclusive leasing agreement.

**FOR OFFICE USE ONLY:**

Property: \_\_\_\_\_ Apartment Number: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

Lease Term: \_\_\_\_\_ Monthly Rent Rate: \$ \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

Addition Provisions: \_\_\_\_\_ rent/ \_\_\_\_\_ days in the month x \_\_\_\_\_ days =  
\_\_\_\_\_ prorated move-in.