

PROPERTY NAME: _____ DATE: _____ Rental \$ _____

AGENT'S NAME: _____ UNIT TYPE _____ UNIT # _____

APPLICANT: [] SINGLE [] MARRIED [] DIVORCED

APPLICANT NAME: _____ (M)

_____ Last _____ First _____ (M)

_____ () or _____ ()

Social Security Number _____ Date of Birth _____ Home Phone # _____ Work Phone, Cellular or Pager _____

Present Address: _____

_____ Street Address _____ Apt # _____ City _____ State _____ Zip Code _____

Former Address: _____ Landlord Name _____ Phone # _____ How Long? _____ Monthly Rent _____

_____ Street Address _____ Apt # _____ City _____ State _____ Zip Code _____

Current Employer _____ ()

_____ Company Name _____ City _____ State _____ Phone # _____

Position: _____ \$ _____ Mth/Year _____ Monthly Income _____ Supervisor _____

Military: *Commanding Officer and contact phone number is REQUIRED to process this application* _____ ()

_____ Name _____ Phone Number _____

Previous Employer _____ ()

_____ Company Name _____ City _____ State _____ Phone # _____

Position: _____ \$ _____ From / To (Mth & Year) _____ Monthly Income _____ Supervisor _____

*Sources of Other Verifiable Income: _____ \$ _____ Monthly Income _____

_____ \$ _____ Monthly Income _____

Supplying this information is strictly voluntary and should only be supplied if applicant is asking that sources of other income be considered as part of the rental decision. Management will consider all verifiable sources of income such as, but not limited to, budget sheets, welfare, food stamps, housing assistance, Section 8, pensions, disability, child support, alimony or any other source of income applicant would like considered.

SPOUSE NAME: _____

_____ Last _____ First _____ (M)

_____ Social Security Number _____ Date of Birth _____ Home Phone # _____ Work Phone, Cellular or Pager _____

Current Employer _____ ()

_____ Company Name _____ City _____ State _____ Phone # _____

Position: _____ \$ _____ From / To (Mth & Year) _____ Monthly Income _____ Supervisor _____

ROOMMATE(S) *ROOMMATES ARE REQUIRED TO COMPLETE SEPARATE APPLICATIONS.

Name: (1) _____ (2) _____

_____ Last _____ First _____ Last _____ First _____

OTHER OCCUPANTS: _____ APARTMENT TO BE OCCUPIED BY: # of Adults _____ # of Children _____

(1) _____ (2) _____

_____ Last Name _____ First _____ Date of Birth _____ Last Name _____ First _____ Date of Birth _____

(3) _____ (4) _____

_____ Last Name _____ First _____ Date of Birth _____ Last Name _____ First _____ Date of Birth _____

VEHICLE: * Allowance- 2 vehicle per applicant (Lessee)

Auto Make _____ Model _____ Color _____ Year _____ License Tag # _____ State _____

Auto Make _____ Model _____ Color _____ Year _____ License Tag # _____ State _____

PROPERTY NAME: Saint Paul's Apartments DATE: _____ UNIT # _____

APPLICANT NAME: _____
Last First (M)

BANK REFERENCES:

Bank	#	Checking / Savings	Branch	City	State
Bank	Account Number	Circle one	Branch	City	State
Bank	Account Number	Circle one	Branch	City	State

GENERAL INFORMATION:

Have you lived in this Apartment Community before? _____ When? _____

Do you owe rent to any previous landlord? [] NO [] YES*

*If YES, to whom? _____ Amount\$ _____

Why are you moving from your present address? _____

Did you give notice? [] NO [] YES How much notice? _____ days

Have you ever been evicted? [] NO [] YES If YES, when? _____

Landlord: _____ Phone # () _____

Have you ever been convicted of a felony? [] NO [] YES

Are you or any applicant on parole? [] NO [] YES

name

IN CASE OF EMERGENCY CONTACT:

Name (1): _____ Phone Number: () _____

Relationship: _____ Street Address: _____ City _____ State _____

Name (2): _____ Phone Number: () _____

Relationship: _____ Street Address: _____ City _____ State _____

Do you currently have renter's insurance? [] NO [] YES

If YES, Name of Insurance Company: _____

Policy Number: # _____

Proof of Renter's Insurance Yes No

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN. Revenue 10x, llc PROUDLY ADHERES TO TITLE V 111 OF THE CIVIL RIGHTS ACT OF 1974 AND THE 1988 AMENDMENT.

I certify that the above information & the information I've indicated on Page 1, is given freely and to the best of my knowledge is true. Landlord or his agent is authorized to verify the accuracy and correctness of these statements and to check my credit & criminal history, as well as a search for any prior evictions. I expect you to rely on this information, and I agree that if any information herein contained is false, that any contract made on the strength of this application may, at your option, be terminated and my application deposit forfeited. I also understand that this application must be approved before occupancy will be allowed and if not approved that my application deposit refund will be mailed within 30 days of the date the application is denied.

SIGNATURE OF APPLICANT(S): _____ DATE: _____

DATE: _____

