

This application must be completed and signed by the Applicant. All adults who will occupy the apartment must each complete and sign separate applications. All applications for any one apartment must be completed and signed before being considered by Landlord. In the event that Applicant cancels this application for any reason, Landlord will retain said deposit as a cancellation fee and/or liquidate damages. This acceptance of this application, and all monies deposited herewith, does not impose upon Landlord obligation to provide Applicant with an apartment nor do both Landlord and Applicant, until approved by Landlord in writing under a lease, duly execute it binding upon Landlord.

By signing below, Applicant acknowledges and agrees that everything stated in this application is true and correct to the best of Applicant's knowledge. Applicant understands that Landlord will retain this application whether or not it is approved. Landlord is authorized to check Applicant's credit, employment, criminal, character, prior landlord references, general reputation, and mode of living, and to make ongoing inquiries regarding it. All persons and/or companies herein listed may freely give any requested information concerning Applicant, and Applicant hereby waives all right of action of consequences resulting from such information. Applicant is an adult of legal age being 20 years or older and understands that Applicant has the right to make written requests to any reporting agency within a reasonable period of time to receive a complete and accurate disclosure of the nature and scope of any investigation requested by Landlord.

Applicant understands that falsifying any of the information contained on this form may be grounds for denial or immediate eviction from the premises and termination of the Lease Agreement by the Landlord should Applicant's application be accepted and Applicant be allowed to occupy the apartment.

Applicant's Signature _____
Printed Name _____ Date _____



Application for Occupancy

Please use only black or blue ink.

OFFICE USE ONLY (REQUIRED) Unit #: _____ Rent Amount: \$ _____ Desired Date of Occupancy: _____
of Occupants: _____ Lease Term: _____ Agent First Name: _____ Signature: _____
Market Source: Apt Guide ___ / For Rent ___ / Newspaper ___ / Internet ___ / Drive By ___ / Locator ___ / Other _____
Type of App: Standard ___ / Student ___ / Co-Sign ___ / Section 8 ___ / Eld/Dis ___ / Occup. Only ___ / Market ___ / Other _____

APPLICANT MUST COMPLETE ALL SECTIONS and SIGN (SELF and SPOUSE) OR DELAY / DENIAL WILL RESULT

Last Name: _____ First: _____ MI: _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
Spouse: _____ First: _____ MI: _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____
Your Home Phone# (_____) _____ - _____ Your Work Phone# (_____) _____ - _____
Married? (Y/N) Maiden Name: _____ Pets? (Y/N) _____ If Yes, Describe Pet: _____ Weight: _____ lbs
Drivers I.D. Number: _____ State _____ Pets accepted up to 25 lbs, breed restriction applies --MAX 2 pets
Pet Deposit \$350(\$150 non-refundable) - \$10 monthly pet rent charge
In Case of Emergency, Notify (Name): _____ Phone #: (_____) _____ - _____

OTHER OCCUPANT(S)

1) _____ SSN: _____ / _____ / _____ DOB: _____ / _____ / _____
2) _____ SSN: _____ / _____ / _____ DOB: _____ / _____ / _____
3) _____ SSN: _____ / _____ / _____ DOB: _____ / _____ / _____

RESIDENTIAL HISTORY **** INCLUDE AREA CODES / APT #S / ZIP CODES **** 5 YEAR HISTORY

1. Present Landlord/Property Name: _____ County: _____ Rent Own
Your Address: _____ Apt. # _____ City,ST,Zip: _____
Landlord Day Phone: (_____) _____ - _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____ per Mo.
2. Previous Landlord/Property Name: _____ County: _____
Your Address: _____ Apt. # _____ City,ST,Zip: _____
Landlord Day Phone: (_____) _____ - _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____ per Mo.
3. Previous Landlord/Property Name: _____ County: _____
Your Address: _____ Apt. # _____ City,ST,Zip: _____
Landlord Day Phone: (_____) _____ - _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____ per Mo.

EMPLOYMENT HISTORY / OTHER INCOME / FINANCIAL

1. Name of Employer: _____ Position: _____ From: _____ To: _____
Full Address: _____ Phone #: (_____) _____ - _____ Income: \$ _____ Per _____
2. Previous Employer: _____ Position: _____ From: _____ To: _____
Full Address: _____ Phone #: (_____) _____ - _____ Income: \$ _____ Per _____
3. Spouse or 2nd Employer: _____ Position: _____ From: _____ To: _____
Full Address: _____ Phone #: (_____) _____ - _____ Income: \$ _____ Per _____
4. Other Income: (Submit verification with application) List any SSI, Pension, Disability, or other income you wish to be considered
Source: _____ Amount: \$ _____ Per Mo. Type of Income: _____
Source: _____ Amount: \$ _____ Per Mo. Type of Income: _____

GENERAL QUESTIONNAIRE - Answer all Questions

1. Have you ever been evicted? _____ If yes, Property/Landlord Name: _____ City/St. _____
2. Have you ever been convicted of a criminal offense? _____ If yes, Offense: _____ City/St. _____
3. Number of Cars: _____ A) Make: _____ Model: _____ Year: _____ Color: _____ Plate#: _____
B) Make: _____ Model: _____ Year: _____ Color: _____ Plate#: _____
4. Character Reference Name: _____ How Known: _____ Phone #: (_____) _____ - _____
5. How did you hear about our complex? For Rent/Apt Guide-Thrifty Nickel-Internet-Drive-by-Resident _____ other _____

FALSE STATEMENTS ** OR ** INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION

This application must be signed by all adults who will occupy the apartment before it can be considered by Landlord. Acceptance of this application, and any monies deposited herewith is not binding upon Landlord until approved by Landlord in writing. If approved, monies deposited with this application will be held as a reservation deposit to be either returned to applicant or credited toward any deposit which may be required of applicant at the time a rental agreement is secured. If approved and the rental unit is held for applicant for more than 3_ day(s), then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord.

Non Refundable Processing Fee: \$ 50.00 (per person)

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information reports will remain the property of The Green's Apartments.



I hereby grant this property and The Greens Apartments the right to process this application for the purpose of obtaining a Rental / Lease Agreement with this property. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. An electronic, faxed or other copy of this authorization shall be as valid as the original.

X _____
Applicant Signature

X _____
Spouse Signature

Date: _____