Address Applying Date of Application	For: I	Desired Occupancy	Date:	Desired	Unit (# of I	Bedrooms):	
F	PERSONAL INFO	RMATION – PRI	IMARY LI	EASE HOLI	DER APP	LICANT	
Full Name			DOB:				
Mobile Phone:			Social Security #:				
Work Phone:			Email A				
	ONAL OCCUPAN Applications must be				_	w, including children.) cation fee	Note:
Full Name			Relationship Date of Bir		th	Social Security #	
		_					
		EMPLOYM	<u>MENT INFO</u>	ORMATIO	N		
Primary Applicant Current Employer			Job Title				
Length of Employment	/	/	Superviso	or Name			
Address/Phone Number							
Previous Employer			Job Title				
Length of Employment	/	/	Superviso	or Name			
Address/Phone Number							
	1	REN	TAL HIST	ORY	I		
Current Address			Name of	Complex			
Length of Lease	/	/	Phone Nu	ımber:			
Previous Address			Name of	Complex			
Length of Lease	/	/	Phone Nu	ımber:			

Authorization Page

1.	Application Fee
(Initials)	The Undersigned Applicant has submitted the Application Fee in the sum of \$50 per application, which is Non Refundable payment for a credit check and processing charges associated with this application. Sum is non rental payment or deposit amount. In the even this application is approved/declined by Owner or cancelled by the applicant this sum is nonrefundable. This application must be signed before Owner can process it. Applicant understands that the Owner may obtain a credit report in the future without future authorization of Applicant in the event of default of the lease agreement or other rental agreements between Owner and Applicant.
2. (Initials)	Holding Deposit/Security Deposit & Admin Fee If my application is accepted, half of the security deposit must be paid within 2 days of approva which will be the holding deposit. Once the Applicant moves in, the holding deposit will be transferred and used as the Security Deposit. Applicant also understand that a higher security deposit may be required due to credit, rental history, income, etc. (NO UNIT IS HELD UNLESS HALF OF THE SECURITY DEPOSIT IS PAID).
3. (Initials)	Cancellation/Forfeiture of Deposit I understand once the security deposit/holding deposit is received, if I cancel the application or refuse to occupy the premises, or if any changes occur to this application, including, but not limited to income and occupancy, then I understand that the security deposit will be retained by Owner as liquidated damages after 48 hours once received. Retention of deposit shall in no way be interpreted as preventing the landlord from obtaining damages for the breach of lease agreement of any other rental agreement between Owner and Applicant.
4.	Authorization
(Initials)	Applicant authorizes Owner to contact current and previous landlords and employers to release requested information to Owner. Applicant also authorizes Owner to obtain a consumer credit report and run a background check on the Applicant and/or occupant(s). Applicants understand that application(s) may be denied because of credit, landlord history, insufficient* income or criminal background history. (*income should be 2.5 times the rental rate).
5.	Occupants on Application
(Initials)	Applicant understands that all adult applicants must complete their own application and all adults must be approved. Failure to list ALL occupants will result in a violation of lease agreement and could result in an eviction. Applicant must list all adult applicants and children who will be occupying the unit. Applicant has confirmed that all occupants are listed on application.
ate:	
pplicant Signature:	

OTHER INFORMATION

Have you rented from us before or	rented or from another prope	rty we are affiliated with?
If so, where and when?		
Have you ever been convicted of a	crime?	
If so, what type?		
Have you ever been evicted?		
On what grounds?		
Do you have a Pet? Typ	pe: Breed(s) :	How many?
	EMERGENCY	CONTACT
Name	Address	Phone
NOTE: FAILURE TO COMPLET THIS APPLICATION IS GROUN		CATION, AND/OR MAKING FALSE STATEMENTS OF
The \$50 fee (per applicant) to pro-	cess this application is NON RE	FUNDABLE.
Application will automatically be	rejected on <u>ANY APPLICANT</u>	who has had a felony charge within the past ten years.
Applicant has confirmed that all o all occupants is a violation of your		n unit is listed on the application. If approved, failure to lis subject to an eviction.
Date:		
Primary Applicant Signature: _		
To com	inlete annlication process vo	u must supply the following:

To complete application process you must supply the following:

- Completed Application and Authorization page
- Proof of employment (past 2 paystubs or letter from employer. If military copy of LES)
- Copy of driver's licenses for all lease holders
- Landlord Verification (complete top portion and sign and date the bottom. We will send the Landlord Verification to your current/previous landlord)
- Application fee(s) \$50/Adult. Application waived for Military

Rental Verification

Applicant's Name:			
Address:			
Name of Complex/Agency:	Phone Number:		
Check One (Current Landlord/ Previous Landlord)			
TO BE COMPLETED BY LAN	NDLORD/AGENCY		
 How long did (has) the resident reside(d) at this address? How many bedrooms and baths? Why did the resident move out? Have/Did they give proper notice to vacate? 			
5. How much is the resident currently past due?	Describe		
RENTAL PAYMENT			
6. What was (is) monthly rental amount?			
7. Has the tenant ever been late in payment of the monthly rent?			
8. If yes, how many times late? how late? (5 th , 15 th , etc)?			
9. Did (have) you ever begin (begun) eviction proceedings for no If yes, please describe			
APARTMENT UPKEEP			
10. Did (does) tenant maintain desirable living conditions: i.e., cle If no, describe	ean, well kept?		
11. Did (will) you keep any portion of the security deposit?			
12. Did (does) resident:get along with other neighbors? -Or			
13. Did (does) resident ever permit persons other than those on the			
14. Has the resident ever given you false information?	If yes, describe		
15. Did the resident, family members or guests ever damage or va Create and physical hazards to the property or residents?	ndalize surrounding common/public areas?		
16. Would you re-admit this resident to your property?			
17. Additional comments:			
Date Completed:			
Name of Person Completed:			
Name of Property/Agency:	_		