RENTAL APPLICATION

| Today's Date: | Time of application | 1: | Move-in Date Desired: | | |
|--|---------------------------|-----------------------------------|-----------------------------|-----------------|------------|
| Preferred Property: | F | Preferred Floorplan: | Lease Term | Desired: | |
| How did you hear about us? Drive-By Rent.Com ApartmentGuide.Com | 🗆 Craig | Nebsite jslist book | Resident Referral: Other: | | |
| APPLICANT INFORMATION | | | | | |
| Applicant: | | (First, Middle, Last) | Phone: | | |
| SSN: | Date of Birth: | | | | |
| DL #: | DL State: | Email address: | | | |
| Co- Applicant: | | (First, Middle, Las | t) Phone: | | |
| SSN: | Date of Birth: | | | | |
| DL #: | DL State: | Email address: | | | |
| Please List All Additional Occupants (Under | r 18 Years of Age): | | | | |
| Name of Occupant | Relationshi |) | Age | | |
| Name of Occupant | Relationshi |) | Age | | |
| Name of Occupant | Relationshi |) | Age | | |
| APPLICANT HISTORY | | | | | |
| Present Address of Applicant: | | City: | State: | Zip: | |
| Length of residence: Landlord: _ | | Phone Number: | Curre | ent Rent \$ | /month |
| Reason for leaving: | | | | | |
| Previous address: | | City: | State: | Zip: | |
| EMERGENCY CONTACT | | | | | |
| In case of Illness, Accident, or Emergency, | Please Contact: | | _ Phone: | | |
| Relationship to Tenant: | In t | he event of serious illness, inju | ry, or death, this person h | as permission t | o enter my |
| unit and remove personal belongings unles | s otherwise outlined in a | a legal document. | YES | | NO |

RENTAL APPLICATION

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| Applicant's Present Employer: | | Employer's Address | : | | |
|--|--|------------------------|-----------------|--|----------------------------|
| Current Position: | How long in thi | s position: | How long | with this e | employer: |
| Supervisor's Name: | Emplo | oyer's Number: | | | |
| Gross Income \$ | (Bi-Weekly/ Monthly/ | Annually) Please circ | le one. | | |
| Co-Applicant's Present Employer: | | Employer's Addr | ess: | | |
| Current Position: | How long in thi | s position: | How long | with this e | mployer: |
| Supervisor's Name: | Emplo | oyer's Number: | | | |
| Gross Income \$ | (Bi-Weekly/ Monthly/ | Annually) Please circ | le one. | | |
| EMPLOYMENT HISTORY (if employed | l less than a year in current position, | please list previous e | mployer) | | |
| Previous Employer: | Previous Employe | r's Address: | | | |
| Position: | How long in that position: | Super | visor's name: | | |
| Phone number of previous employer: _ | Previo | us gross monthly inc | ome: | | |
| ADDITIONAL SOURCES OF INCOME | | | | | |
| Amount: | Frequency: Bi-Weekly/ Monthly | Annual (circle) | Source: | | |
| CRIMINAL SCREENING – All occupa You must have a clean criminal backgre and none of the following regardless wh Violent Crime Burglary / Breaking & Enterin Sexual Abuse Destruction of Property Multiple Misdemeanor Conv | ound which this company defines as nen they occurred. ng / Criminal Trespass | | either felony c | or misdem | , |
| Are you or anyone in your household su Have you or anyone in your household Have you or anyone in your household Have you ever: Been evicted? Been convicted of a crime? | been currently engaged in illegal dru | gs? | ent? | <u>Circle One</u> YES YES YES YES YES | NO NO NO NO NO |

Management will not discriminate on the basis of race, color, nationality, gender, family status, religion, sex, or any other characteristics protected by all applicable state and federal discrimination laws.

I warrant that all statements above are true and may be used by the landlord and managing agent in accepting or rejecting my application. By signing this application either in hand or e-signing the pdf and returning electronically, I authorize my employer to verify my employment and income. The undersigned acknowledges that if any misrepresentation is made and a lease signed, the misrepresentation is a material breach of the Lease and the Landlord will have the right to terminate the Lease. I hereby consent to have the Landlord request a credit check from any applicable credit rating bureau to determine my credit worthiness.

I UNDERSTAND A \$75.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED PER ADULT.



RENTAL APPLICATION

SECURITY DEPOSIT

Upon leaving the deposit for an Apartment, I understand that once I am approved and confirmed my unit number for the Apartment and move in, this money will become my security deposit for the duration of my residency.

I understand I have 72 hours to cancel my application and receive a full refund from the time of original payment. If my application is denied, I will be refunded the deposit. If I decide that I no longer want to rent the apartment, I understand that I forfeit the determined deposit and any additional deposit required after my application has been accepted/approved.

If the apartment assigned is not ready by date agreed upon, due to Management, I understand that Management will either have another unit ready or a new move-in date within seven (7) days of original date will be the possession date. If I cancel or withdraw my application due to the apartment not being ready, I understand that I waive my deposit as an Early Termination Fee. I fully understand that the property has no obligation to hold the apartment after the above possession date.

| Applicant | s Signature: | | Date: |
|-----------|-----------------------------|-----------|----------------------------|
| Co-Applic | ant's Signature: | | Date: |
| 007.pp0 | | | |
| Please Si | gn Attached: | Available | as Needed: |
| | Application Rental Criteria | | Adult Occupant Application |
| | Landlord Reference Letter | | Co-Signer Application |
| | Pet Policy | | Co-Signer Rental Criteria |

| | Office Use Only |
|-------------------|-----------------|
| App. Fee Paid: | Property: |
| Approved/Decline: | Deposit Paid: |
| Unit: | Move In Date: |
| | |

