

RENTAL APPLICATION

APPLICANT: Thank you for your application. We ask that you clearly complete this application to assist us in processing it for you.

Date of Application:

Desired Move-In Date:

Type and Size of Unit Desired:

PERSONAL INFORMATION

Applicant's Full Name:

Social Security Number

Date of Birth:

Marital Status: Married Separated Divorced Single

Spouse's/Co-Resident's Name:

(Co-Residents or Spouse Must Complete Separate Application)

Occupants **	Relationship	Age

**** Any or all Occupants 18 years or older must complete a separate application.**

Have you ever been convicted of a felony?

Yes ___ No ___

Have you ever been convicted of a sexual offense?

Yes ___ No ___

Have you ever been convicted for possession, use or sale of illegal substances?

Yes ___ No ___

EMERGENCY NOTIFICATION

IN CASE OF EMERGENCY NOTIFY: Name:

Relationship: Telephone:

Address:

RESIDENT HISTORY

PRESENT ADDRESS:

City	State	Zip
Present Telephone	Length of time at present address	
Present Landlord or Mortgage Holder Name	Telephone	
Amount of Rent \$	Reason for moving	

PREVIOUS ADDRESS:*(Required if not at present address for at least one year)*

City	State	Zip
Length of time at previous address		
Previous Landlord or Mortgage Holder Name	Telephone	
Amount of Rent \$	Reason for moving	

EMPLOYMENT INFORMATION

PRESENT STATUS:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
EMPLOYED BY:					How Long?
Employer's Address					
Position Held			Phone Contact		
Supervisor	Phone Contact	Present Income \$	per month		

PREVIOUS EMPLOYMENT:*(Required if current employment is less than six months)*

PREVIOUS STATUS:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
EMPLOYED BY:	How Long?				
Position Held			Previous Income \$ per month		

IF STUDENT, LIST SCHOOL

Address of School	
Present Grade Level	Expected Date of Graduation
If student please attach documentation on how you intend to pay rent each month. [Stipend, Parents, Other]	

VEHICLES

NUMBER OF VEHICLES (Including Company Cars)				
Make/Model	Year	Color	License plate #	State
Make/Model	Year	Color	License plate #	State

ADDITIONAL INFORMATION

Please provide any other information about yourself that may help us to evaluate your application:

TERMS OF APPLICATION

PLEASE READ CAREFULLY

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information herein may constitute a criminal offense under the laws of this state. Applications which are incomplete may result in an application being rejected. Applicant understands that the application becomes the property of Jamal Williams, Owner, once submitted.

Applicant shall, within seven (7) days of lease start date, sign Landlord's lease and if he fails to do so, the application may be deemed by the Landlord as having been withdrawn, in which case, the Landlord may retain the deposit paid hereunder as liquidated damages.

Upon signing of the lease, the deposit paid on the signing of this application is to become a security deposit. This deposit is not intended to take the place of any part of rent.

The applicant understands that he has no rights hereunder until this application is approved by the Landlord and Lease is signed by both parties in accordance with terms herein.

If applicant is rejected, the Landlord shall return the applicant's deposit and there will be no further rights in favor of either party.

It is a material Breach of Lease if Tenant violates the No Pet Clause, and if this violation occurs, Tenant agrees to pay to Landlord as liquidating damages the sum of \$1,000. Landlord reserves all rights pertaining to this material breach.

AUTHORIZATION OF APPLICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed.

Signed:

Date:

DISPOSITION OF APPLICATION

Approved

Not Approved

By:

Date:

If not approved, indicate reason(s):

Applicant notified by:

Date notified:

Notes:

MOVE-IN INFORMATION

Unit Number/Address

Lease Term: From

To

Rental Rate \$

Date of Expected Move-In

Notes:

Rental Consultant:

**FOR ANY REASON
YOU CHOOSE NOT TO TAKE THE UNIT
DEPOSIT IS NON-REFUNDABLE**