

Property Name
Address
City, State, Zip
Telephone Number Fax Number Email Address
NOTE: Co-applicants must complete a separate application form. PLEASE PRINT.

APPLICANT:

Student
Yes No

First _____ M _____ Last _____ Social Security _____ Relationship _____ Birthdate _____ Age _____

CO-APPLICANT:

First _____ M _____ Last _____ Social Security _____ Relationship _____ Birthdate _____ Age _____

OTHER OCCUPANTS:

First _____ M _____ Last _____ Social Security _____ Relationship _____ Birthdate _____ Age _____

First _____ M _____ Last _____ Social Security _____ Relationship _____ Birthdate _____ Age _____

First _____ M _____ Last _____ Social Security _____ Relationship _____ Birthdate _____ Age _____

Is any other occupant anticipated in the next 12 months? Yes No

Name _____ Relationship _____

RENTAL HISTORY / HOME MORTGAGE

Desired Move In Date _____

CURRENT ADDRESS: _____ Monthly Rent \$ _____ How long? _____

Rent _____ Street Name _____ Apt. # _____ Your Cell Phone or _____

Own _____ City _____ State _____ Zip _____ Contact Phone # _____

Other _____ Landlord Name _____ Landlord Phone _____ Expected move out _____ Reason for moving _____

PREVIOUS ADDRESS

Rent _____ Street Name _____ Apt. # _____ Monthly Rent \$ _____ How long? _____

Own _____ City _____ State _____ Zip _____ Home Phone _____

Other _____ Landlord Name _____ Landlord Phone _____ Date moved in / out _____ Reason for moving _____

EMPLOYMENT - Please provide verification of all wage and income sources.

CHECK ALL APPLICABLE: Employed – full time Employed – part time Self-employed

Employed – seasonal Unemployed

CURRENT EMPLOYER _____ Position _____ How long? _____

Address _____ Supervisor _____ Phone _____

Current Salary \$ _____ Per: Hour Week Bi-weekly Month Year Average number of hours worked per week _____

PREVIOUS EMPLOYER _____ Position _____

Last Day of Employment _____

Address _____ Supervisor _____ Phone _____

Salary \$ _____ Per: Hour Week Bi-weekly Month Year Average number of hours worked per week _____

OTHER INCOME

OTHER INCOME INCLUDES: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions and other regular periodic payments. Please consult the leasing personnel for complete list of other income.

If none, check here No other sources of income

(1) _____
Type of income _____ Annual Amount _____ Contact Address or Phone _____

(2) _____
Type of income _____ Annual Amount _____ Contact Address or Phone _____

(3) _____
Type of income _____ Annual Amount _____ Contact Address or Phone _____

CHECKING ACCOUNT: _____

Name of Bank/Institution	Account #	6 Month Avg. Balance
Address	City	State ZIP

SAVINGS ACCOUNT: _____

Name of Bank/Institution	Account #	Current Balance
Address	City	State ZIP

ASSETS INCLUDE: Cash (wherever held), trust corpus, equity in real estate or capital investments, notes, receivables, stocks, bonds, money market accounts, IRA retirement and pension funds, checking and savings account, and luxury personal property (gems, jewelry, art, coin collections, etc).

ASSETS DO NOT INCLUDE: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc.. Also, excluded in any special equipment for use by the handicapped, cash value of the insurance policies, and assets of a business.

Are the assets, as defined above, of the whole household more than \$5,000? Yes No

If yes, what is the anticipated earnings of all household assets for the next year? \$ _____

(1)	Asset	Value	Anticipated Annual Earnings on Asset
(2)	Asset	Value	Anticipated Annual Earnings on Asset
(3)	Asset	Value	Anticipated Annual Earnings on Asset

STUDENT STATUS

A STUDENT is anyone who has been or will be a full-time student at an educational institution with regular facilities and students during five (5) months of the year this Application is submitted, other than correspondence school. Are you a full time student? Yes No If yes, answer below:

Yes No A) Do you receive AFDC/TANF?

Yes No B) Are you enrolled in a job training program receiving job training assistance under the Job Training Partnership Act or other similar Federal, State or local laws?

Yes No C) Are you a single parent with minor children and neither you NOR your children are being claimed as a dependent on another tax payer's tax return?

Yes No D) Are you married to a full-time student and file a joint tax return?

Yes No E) Does the household consist of at least one student who was previously under foster care?

OTHER INFORMATION

Driver's License/State ID# Number _____ State _____ Expires _____

VEHICLE: Make _____ Model _____ Color _____ Year _____ License Plate # _____

HAVE YOU EVER:

- Filed for Bankruptcy? Yes No
- Been Evicted from Tenancy? Yes No
- Have you or any members of your household been convicted of, pleaded guilty to, or been involved in activities that pose a threat to the health, safety or welfare of others? Yes No
- Been convicted of a felony in the past 7 years? Yes No

EMERGENCY CONTACT _____

Name	Phone #	Relationship
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Address	City	State	Zip
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I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Property Name Apartments, Agent for owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at Property Name Apartments entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty or perjury. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form.

I hereby deposit \$ _____ as an earnest deposit to be refunded to me in full within ten (10) business days if this application is not approved or accepted. I hereby waive any claim to damages by reason of non-compliance. Upon acceptance of this application, the deposit shall be applied to the move in costs. When so approved and accepted, I agree to execute a lease agreement before possession is delivered and to pay the balance of the security and other move-in costs. IF I FAIL TO TAKE POSSESSION OF THE APARTMENT, THE DEPOSIT WILL BE FORFEITED.

By execution of this application, I hereby authorize Property Name Apartments to make such investigations into my credit history as they deem appropriate understand that such investigation typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reporting and criminal record.

Applicant: _____

Signature	Date
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