Rental Application for Residents and Occupants

Each co-applicant and each occupant over 18 years old must submit a separate application.

Spouses may submit a single application.

Date when filled out: _

A DOLUM MON	OFFICE OCCUPANTED
ABOUT YOU:	OTHER OCCUPANTS Names of all persons under 18 and other adults who will
Full name (exactly as on driver's license or govt. ID card)	occupy the unit without signing the lease. Continue on separate page if more than three.
	1. Name: Relationship: Sex: DL or govt. ID card # and state:
Your street address (as shown on your driver's license or govt. ID card)	Sex: DL or govt. ID card # and state:
	Birthdate: Social Security #:
	2. Name: Relationship: Sex: DL or govt. ID card # and state:
Driver's License # and state:	Sex: DL or govt. ID card # and state:
Driver's License # and state:	Birthdate: Social Security #:
Or govt. photo ID card #:	3. Name: Relationship:
Former last names (maiden and married):	S. Name Relationship
	Sex: DL or govt. ID card # and state:
Your Social Security #:	Birthdate: Social Security #:
Rirthdate: Height: Weight:	4. Name: Relationship: Sex: DL or govt. ID card # and state:
Say: Eya Color: Hair Color:	Sex: DL or govt. ID card # and state:
Mait 1 Ctat and in 1	Birthdate: Social Security #:
Marital Status: (circle one) single married divorced widowed separated	YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any
Are you a U.S. citizen? (circle one) yes no	YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any
Do you or any occupants smoke? (circle one) yes no	occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if
Will you or any occupant have an animal? (circle one) yes no	more than three.
Kind, Weight, breed, age:	Make and color of vehicle:
	Year: License # State:
Current home address (where you live now):	Make and color of vehicle:
	Year: License # State:
City/State/Zip:	Make and color of vehicle:
Home/Call Dhanes (Year: License # State:
Home/Cell Phone: ()	
Home/Cell Phone: () Email Address:	WHY YOU RENTED HERE:
Name of apartment where you live now:	Were you referred? (circle one) Yes No If yes, by whom:
Current owner or manager's name: Their phone #: Date moved in:	
Their phone #: Date moved in:	Name of locator or rantal aganav
Why are you leaving your current residence?	Name of locator or rental agency:
why are you leaving your current residence?	Name of individual locator or agent:
	Name of friend or other person:
	Name of friend or other person: Did you find us on your own? (circle one) Yes No If yes, fill in
	information below:
77 ' 1 11	
Your previous home address:	(check one) □ Internet □ Billboard □ Newspaper (name):
	Rental Publication:
City/State/Zip:	Other:
Apartment name:	YOUR RENTAL/CRIMINAL HISTORY Check only if applicable.
None of comes on mone com	
Name of owner or manager:	Have you, your spouse, or any occupant listed in this Application ever:
Their phone #: Monthly Rent \$	□ been evicted or asked to move out? □ moved out of a dwelling before
Name of owner or manager: Monthly Rent \$ Date you moved in: Date you moved out:	the end of the lease term without the owner's consent? declared
YOUR WORK	bankruptcy? ☐ been sued for rent? ☐ been sued for property damage? ☐
	been charged, detained, or arrested for a felony or sex crime that was
Present employer:	
Address:	resolved by conviction, probation, deferred adjudication, court-ordered
City/State/Zip:	community supervision, or pretrial diversion? □ been charged, detained,
Work phone: () ext.#	or arrested for a felony or sex-related crime that has not been resolved by
	any method? Please indicate below the year, location and type of each
Position:	
Gross monthly income \$	felony and sex crime other than those resolved by dismissal or acquittal.
Dates you began this job:	We may need to discuss more facts before making a decision. You
Supervisor's name and phone:	represent the answer is "no" to any item not checked above.
Previous employer:	
Address:	AUTHORIZATION
City/State/Zin:	I or We authorize (owner's name)
City/State/Zip:	
work pnone: ()ext #	to obtain reports from consumer reporting against before during and
Position:	to obtain reports from consumer reporting agencies before, during, and
Gross monthly \$	after tenancy on matters relating to a lease by the above owner to me and
Dates you began and ended this job:	to verify, by all available means, the information in the application,
Previous supervisor's name and phone:	including income history and other information reported by employer(s) to
11011000 Supervisor & name and phone.	any state employment security agency. Work history information may be
	used only for this Rental Application. Authority to obtain work history
YOUR SPOUSE	information expires 365 days from the date of this Application.
Full name:	
Former last names (my identity of the control of th	Applicant's signature
Former last names (maiden and married):	
	Spouse's signature
Spouse's Social Security #:	opouse s signature
Driver's license # and state:	
	EMERGENCY Emergency contact person over 18, who will not be living
Or govt. photo ID card #:	with you:
Diffundate neight: Weight:	
Birthdate: Height: Weight: Sex: Eye Color: Hair Color:	Name:
Are you a U.S. citizen? (circle one) yes no	Address:
Present employer:	City/State/Zip:
Address:	City/State/Zip: Work phone: () Home phone: ()
Address:	Relationship:
City/State/Zip:	If you die or are seriously ill, missing, or in a jail or penitentiary according
Work phone: () ext #	
Position:	to an affidavit of (<i>check one or more</i>) \square the above person, \square your spouse,
Date you began this job:	or \square your parent or child, we may allow such person(s) to enter your
Gross monthly \$	dwelling to remove all contents, as well as your property in the mailbox,
Gross monthly \$	storerooms, and common areas. If no box is checked, any of the above are
Supervisor's name and phone:	authorized at our option. If you are seriously ill or injured, you authorize
	us to call EMS or send for an ambulance at your expense. We're not
	legally obligated to do so.

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

•	Names of all residents who will sign the Lease Contract:	 Monthly rental due date; Late charges due if rent is not paid on or before the; Initial late charge \$; Daily late charge \$; Returned check charge \$; Animal violation charges: Initial \$; Daily
_		• Initial late charge \$; Daily late charge \$;
•	Name of Owner/Lessor:Property name and type of dwelling (bedrooms and baths):	Animal violation charges: Initial \$; Daily \$;
_		• (check one) □ Furnished □ Unfurnished
•	Complete street address:	 Utilities paid by owner (check all that apply) □ Electricity □ Gas □ Water □ Wastewater □ Trash □ Cable TV
•	City/State/Zip:	
	(persons under age 18, relatives, friends, etc.)	 □ Other (please list) You will (check one) □ not buy insurance □ buy insurance
_		 Agreed reletting charge \$; Your move-out notice will terminate Lease Contract on (check
•	Total number of residents and occupants; Our consent necessary for guests staying longer than	one): □ last day of month, or □ exact day designated in
	days;	move-out notice;If dwelling unit is house or duplex, owner will be responsible
•	Beginning date and ending date of Lease Contract Total security deposit \$; Animal deposit	for (check all that apply) □ lawn/plant maintenance, □ lawn/plant fertilization, □ picking up trash from grounds,
•	\$:	and/or □ trash receptacles. If not checked, applicant will be responsible. The applicant will be responsible for the first
•	# of keys/access devices for unit; mailbox; other; Total monthly rent for dwelling unit \$; Rent	\$ of each repair. This special provision and
•	Total monthly rent for dwelling unit \$; Rent	any others will be contained in paragraph 10 of the Lease Contract or in a lease addendum.
•	is to be paid at on-site manager's office. Prorated rent for: (check one) \Box 1 st month or \Box 2 nd month	 Special provisions regarding parking, storage, et.: (see
	\$	attached page if necessary):
or, if no Loted above Lease Core. Application administra. 3. Application administra. 3. Application administra. 3. Application administra. 4. Approvide a control and application are already and all approvided application. 5. Approvide a control and all application are already and all application. 6. If You writing, you our application or notifies or retain a further obtain a further obtained and application and all applications are application. Acknowletted a control application and all applications are application or notifies or fermination and application and application and application and application are application or notifies of the application of the application application and application application and application applications. The application application application application and application application application application and application application application application and application application application application application and application	any means. If you fail to answer any question or give false informs as liquidated damages for our time and expense, and terminate yo. In lawsuits relating to the application or Lease Contract, the prevarry. We may at any time furnish information to consumer reporting legal obligations, including both favorable and unfavorable informal obligations.	8. Completed Application. An Application will not be considered "completed" and will not be processed until all of the following have been provided to us (unless checked); 0 a separate Application has been fully filled out and signed by you and each co-applicant; 0 an application fee has been paid to us; 0 an application deposit has been paid to us. If no item is checked, all are necessary for the Application to be considered completed. 9. Non-approval. We will notify you whether you've been approved within 10 days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement. 10. Refund after Non-approval. If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within 30-45 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant. 11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraph 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day. 12. Notice to or from Co-applicants is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice to all co-applicants; is considered notice to all co-applicants; is considered notice to all co-applicants; in the season of the contemplated Lease Contract and other rental documents referred to in the Lease Contract; and (2) all applicable rents and security deposits have been paid in full. 14. Receipt. Application fe
lf you'r emerge	e seriously ill or injured, what doctor may we notify? (We're n ncy personnel.) Doctor's Name:	not responsible for providing medical information to or calling doctors or Doctor's Phone: ()
[mporta	nt medical information about you in an emergency:	
		_
Applic	ant's Signature:	Date:
Signat	ure of Spouse:	Date:
Signat	ure of Owner's Representative:	Date:
FOR (OFFICE USE ONLY	
1. Apt	name or dwelling address (street, city)	Unit # or Type:
 Pers Pers 	son processing application:	Phone: () Phone: ()
	(Deadline for applicant and a	Unit # or Type:Phone: ()Phone: ()
5. Nan		st be notified if multiple applicants):
 6. Nam	ue of owner's representative who notified above person(s):	