



LEASE APPLICATION

Apartment Community: _____

Date: _____

Applicant: _____ : Social Security #: _____ DOB: _____
(Full Name)

E-Mail Address: _____

Spouse: _____ : Social Security #: _____ DOB: _____
(Full Name)

Telephone # _____ Driver's License # _____ State: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Do you own or rent: ___ Own ___ Rent How long: _____ Amount of Rent: _____

Landlord's Name: _____ Phone #: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Previous Landlord's Name: _____ Phone #: _____

Other Occupants:

Name: _____ DOB: _____ SSN(18 or older): _____

Applicant's Present Employer: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Monthly Gross Income \$ _____ Start Date: _____

Spouse's Present Employer:

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Monthly Gross Income \$ _____ Start Date: _____

Do you have any pets? _____ How many? _____ Description(s) of Pets: _____

Do you have any campers/boats: _____ (Parking may be available, if applicable)

Person to notify in case of emergency: (Name/Phone Number(s)/Address): _____

Apartment Community: _____

Applicant hereby agrees to rent premises known as apartment # _____ under a lease for _____ months beginning on the _____ day of _____ 20_____, for the monthly rent of \$_____ payable in advance on the **first day of each month**. Rent shall begin on _____. **A non-refundable application fee of \$_____ per applicant and a \$_____ Security Deposit are due when submitting this Application.** In the event that the Applicant is not approved or the Applicant cancels within **72 hours** of submitting Application, the Security Deposit will be refunded. The Security Deposit in the sum of \$_____ is made herewith to be held by Management under the following conditions:

1. At any time within three days of the date below, Applicant may cancel this Application by giving written notice to Management. Management will return the Security Deposit upon such cancellation.
2. Management and / or Owner reserve the right to approve or deny this Application based upon Management’s screening criteria.
3. If this Application is approved and the Applicant **cancels after 72 hours from the date of this application, the entire deposit will be retained by Management** in consideration for reserving the apartment.

Visa: MasterCard: Credit Card Number: _____ Expiration Date: _____

I authorize an investigation of all statements contained in this application by the landlord or its authorized agents. I understand and agree that misrepresentation or omission of facts called for is cause for disqualification of this application. I certify that all information provided herein is completed an accurate to the best of my knowledge.

I hereby authorize the landlord or its authorized agents to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and /or any other necessary information.

I hereby expressly release the landlord or its agent and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my applicant information by be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

The Applicant agrees the Management shall not be liable for any delay in delivering possession, agrees to execute a Lease and pay the first month’s rent before possession is given, verifies that all statements made to Management are true. Applicant waives any claim for damages by reason of denial of the rental application.

Applicant Signature

Date

Applicant Signature

Date

Authorized Agent Signature

Date

