

RENTAL APPLICATION

Each applicant must submit a separate application.
PLEASE PRINT IN BLACK INK.

COMMUNITY NAME			COMMUNITY CONTACT			COMMUNITY PHONE #			APT#			APPLICANT/OCCUPANT/COSIGNER											
APPLICANTS LAST NAME			FIRST			MI			SOCIAL SECURITY #			D.O.B.			DRIVER'S LICENSE # AND STATE ISSUED								
APPLICANTS LAST NAME			FIRST			MI			SOCIAL SECURITY #			D.O.B.			DRIVER'S LICENSE # AND STATE ISSUED								
FULL NAME				RELATION				DOB				FULL NAME				RELATION				DOB			
FULL NAME				RELATION				DOB				FULL NAME				RELATION				DOB			
WILL A PET OCCUPY THE PROPERTY?				YES OR NO				BREED/TYPE				WEIGHT				HOME PHONE + AREA CODE ()							

RESIDENCE HISTORY

PRESENT STREET ADDRESS			APT #			CITY			STATE			ZIP CODE			DATES OF OCCUPANCY		
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PMT.			PHONE NUMBER + AREA CODE								
PREVIOUS STREET ADDRESS			APT #			CITY			STATE			ZIP CODE			DATES OF OCCUPANCY		
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PMT.			PHONE NUMBER + AREA CODE								
SPOUSE'S ADDRESS IF DIFFERENT			APT #			CITY			STATE			ZIP CODE			DATES OF OCCUPANCY		
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PMT.			PHONE NUMBER + AREA CODE								

EMPLOYMENT HISTORY

NAME OF PRESENT EMPLOYER			PHONE NUMBER + AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES					
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)		
NAME OF PREVIOUS EMPLOYER			PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES					
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)		
NAME OF SPOUSE'S PRESENT EMPLOYER			PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES					
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)		
NAME OF SPOUSE'S PREVIOUS EMPLOYER			PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES					
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)		
INCOME FROM ADDITIONAL SOURCES PLEASE LIST BELOW						AMOUNT					

ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER

FINANCIAL INFORMATION

***INFORMATION BELOW IS REQUIRED FOR PROCESSING**

NAME OF BANK OR SAVINGS AND LOAN		BRANCH ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)			SAVINGS ACCOUNT NUMBER			CHECKING ACCOUNT NUMBER		
(LOANS) LENDER NAME		ACCOUNT NUMBER		ADDRESS OF THE LENDER				TOTAL DEBT		MONTHLY PMT
CREDIT CARD		ACCOUNT NUMBER			CREDIT CARD			ACCOUNT NUMBER		
AUTO #1 YEAR, MAKE, MODEL, COLOR			LICENSE PLATE # / STATE ISSUE			FINANCED THROUGH			MONTHLY PMT	
AUTO #2 YEAR, MAKE, MODEL, COLOR			LICENSE PLATE # / STATE ISSUE			FINANCED THROUGH			MONTHLY PMT	
NAME OF ADDITIONAL BANK OR SAVINGS AND LOAN		BRANCH ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)			SAVINGS ACCOUNT NUMBER			CHECKING ACCOUNT NUMBER		

PERSONAL INFORMATION

HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED?			YES			NO			HAVE YOU EVER BROKEN A RANTAL AGREEMENT?			YES			NO		
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?			YES			NO			HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?			YES			NO		
NAME OF APPLICANTS NEAREST RELATIVE			TELEPHONE WITH AREA CODE			STREET ADDRESS			CITY			STATE			ZIP CODE		
NAME OF SPOUSE'S NEAREST RELATIVE			TELEPHONE WITH AREA CODE			STREET ADDRESS			CITY			STATE			ZIP CODE		
EMERGENCY CONTACT			WORK TELEPHONE			HOME TELEPHONE			STREET ADDRESS			CITY, STATE, ZIP CODE					

THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND / OR STORE ALL CONTENTS OF THE DWELLING AND / OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT.

I AGREE TO THE ABOVE DISCLAIMER

I DISAGREE TO THE ABOVE DISCLAIMER

HOW DID YOU HEAR ABOUT OUR COMMUNITY? _____ I UNDERSTAND THAT I ACQUIRE NO RIGHTS IN THE APARTMENT UNTIL I SIGN THIS AGREEMENT AND SUBMIT A HOLDING FEE IN THE AMOUNT OF \$ _____ UPON APPROVAL OF TENANCY AND THE SIGNING OF AN APARTMENT RENTAL APPLICATION, THIS FEE WILL BE CREDITED AGAINST MY DEPOSIT. IN CONSIDERATION FOR LANDLORD HOLDINGS SAID APARTMENT AT THE ABOVE NAMED COMMUNITY, I HEREBY WAIVE ALL RIGHTS TO THE RETURN OF SAID HOLDING FEE AND SAID FEE SHALL BE RETAINED AS LIQUIDATED DAMAGES IN THE EVENT I DO NOT CHOOSE TO ENTER INTO THE AGREEMENT APPLIED FOR HEREIN. PURSUANT TO STATE AND FEDERAL FAIR CREDIT REPORTING ACTS, THIS IS TO INFORM YOU THAT AN INVESTIGATINO INVOLVING THE STATEMENTS MADE ON YOUR RENTAL APPLICATION FOR THE ABOVE MENTIONED APARTMENT COMMUNITY, AS WELL AS INQUIRIES REGARDING YOUR CHARACTER, GENERAL REPUTATION, MODE OF LIVING AND PERSONAL CHARACTERISTICS MAY BE INITIATED SHOULD YOUR APPLICATION BE DENIED YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION REPORTED. UPON WRITTEN REQUEST, YOU ARE ENTITLED TO A COMPLETE AND ACCURATE DISCLOSURE OF THE INVESTIGATION'S NATURE AND SCOPE AS WELL AS A WRITTEN SUMMARY OF YOUR RIGHTS AND REMEDIES UNDER THE FAIR CREDIT REPORTING ACT. INQUIRIES SHOULD BE DIRECTED TO THE U.D. REGISTRY P.O. BOX 9140, VAN NUYS, CA 91409. I/WE CERTIFY THAT, TO THE BEST OF MY / OUR KNOWLEDGE, ALL STATEMENTS ARE TRUE AND COMPLETE. I / WE AUTHORIZE THE U.D. REGISTRY TO OBTAIN ALL REPORTS AND VERIFICATIONS NECESSARY TO VERIFY ALL INFORMATION PUT FORTH IN THE ABOVE APPLICATION AND TO FURNISH ALL INFORMATION TO THE LANDLORD NAMED ABOVE. FALSE, FRAUDULENT OR MIDLEADING INFORMATINO MAY BE GROUNDS FOR NDENIAL OF TENENCY OR SUBSEQUENT EVICTION. NON REFUNDABLE APPLICATION FEE PAID ON THIS DATE \$ _____.

APPLICANTS SIGNATURE: _____ DATE SUBMITTED: _____
 APPLICANTS SIGNATURE: _____ DATE SUBMITTED: _____
 AGENT FOR THE OWNER: _____ DATE RECEIVED: _____



RENTAL REQUIREMENTS

IN ORDER FOR US TO APPROVE YOUR APPLICATION WE WILL NEED THE FOLLOWING ITEMS:

Identification

- Drivers license or state issued photo I.D (must be valid)
- Social security card

Employment verification

- Paycheck stubs from the last month
- Or a company letter with letterhead stating hours, wage, and employment dates that you work
- You must make 3 times the monthly rent amount before taxes

Self-Employed

- Copy of most recent tax returns
- Or recent bank statements

Retired

- Pension documents or
- Investment statements or
- Social security and benefit documents or
- Bank statements

Rental History

- In order for us to find your previous rental history we must have a valid telephone number at which we can contact your past and present landlord.
- If you own your home we must have proof of who you make your payment to and documents showing ownership

Renters Insurance

- Proof of renters insurance must be provided at move in or
- You must sign up with a company that provides renters insurance at time of move in
- Laps of renters insurance will result in eviction!

Occupancy Requirements

- Studio: maximum of 2 people; One bedroom: maximum of 2 people; Two Bedroom: maximum of 4 people; 3 bedroom: maximum of 6 people. This includes people of all ages, no exceptions.

Signature

Date

Signature

Date

*PLEASE NOTE THAT MANAGEMENT RESERVES THE RIGHT TO REQUIRE ADDITIONAL INFORMATION WHICH MAY BE NEEDED TO APPROVE YOUR APPLICATION(S). MANAGEMENT ALSO RESERVES THE RIGHT TO ADJUST THE SECURITY DEPOSIT AMOUNT DEPENDING ON EACH INDIVIDUAL APPLICATION AND CREDIT SCORE. IF YOU HAVE A FELONY, OUTSTANDING WARRANT, OWE AN APARTMENT COMMUNITY MONEY OR HAVE EVER BEEN EVICTED THEN YOU AUTOMATICALLY FORFEIT YOUR HOLDING DEPOSIT. FAILURE TO PROVIDE MANAGEMENT WITH ANY OF THE ABOVE INFORMATION NEEDED TO APPROVE YOUR APPLICATION WITHIN FIVE (5) BUSINESS DAYS OF SUBMITTING YOUR APPLICATION (DATE YOU SIGNED YOUR APPLICATION) WILL RESULT IN THE FORFEIT OF YOUR HOLDING DEPOSIT.