

Lease Term:
 Desired Move In Date:
 Desired Apartment Type:
 Application fee:
 Application Deposit:
 Quoted Rental Rate:

LEASE APPLICATION

To initiate the application process, submit your completed application with one check or money order for the application fee payable to: _____

APPLICANT INFORMATION

Applicant Name: First: _____ M.I.: _____ Last: _____ Male/Female: _____
 Driver's License Number: _____ State: _____ (month/day/year)
 Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / _____
 Cell Phone: (_____) - _____ Email Address: _____
 Spouse Name: First: _____ M.I.: _____ Last: _____ Male/Female: _____
 Driver's License Number: _____ State: _____
 Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / _____ (month/day/year)
 Cell Phone: (_____) - _____ Email Address: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Landlord/Mortgage Co Name & Address: _____
 Landlord Contact Name & Telephone #: _____
 Monthly Rent / Mortgage Amount: _____ How Long: _____
 Previous Address: _____ City: _____ State: _____ Zip: _____
 Landlord/Mortgage Co Name & Address: _____
 Landlord Contact Name & Telephone #: _____
 Monthly Rent / Mortgage Amount: _____ How Long: _____
 How did you hear about us? _____

Names of Person to Occupy Apt.	Relationship to Applicant	Date of Birth	SS#

EMPLOYMENT

Present Employer	Position	Phone No.	# of Years	Annual Salary
Employer Address	City	State	Zip	Supervisor
Previous Employer (if the current employer is < 6 months)	Position	Phone No.	# of Years	Annual Salary
Spouse's Employer	Position	Phone No.	# of Years	Annual Salary
Employer Address	City	State	Zip	Supervisor
Previous Employer (if the current employer is < 6 months)	Position	Phone No.	# of Years	Annual Salary



OTHER SOURCES OF INCOME – Describe additional sources of income and how to verify

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PERSONAL INFORMATION

Vehicle Make: _____ Model: _____ Year: _____ Plate#: _____ Color: _____

Vehicle Make: _____ Model: _____ Year: _____ Plate#: _____ Color: _____

Specify any Motorcycles, Boats, Trailers, etc: _____

Name of Emergency Contact (not living with you): _____

Relationship: _____ Phone: (_____) - _____ Email: _____

Full Address _____

Do you have a pet? Yes No If yes, type and weight? _____

Have you, your spouse or any occupant listed on this application ever (circle Yes (Y) or No (N))

Been evicted or asked to move? Y N	Broken a rental agreement? Y N	
Been sued for rent? Y N	Been sued for property damage? Y N	
Been arrested for a felony, misdemeanor or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community service or pretrial diversion? Y N		
Have you ever been arrested and convicted of a crime? Y N If yes, what crime?		

I/we hereby apply to lease an apartment at the above-named community on the terms set forth herein. I/we attest to Weller Workforce Housing, Agent for the Owner of the property, that all statements contained herein are true and correct. I/we have been advised, understand, and agree deliberately submitting false information or withholding information constitutes fraud.

I/we have received a copy of the Resident Selection Criteria, and I/we hereby offer \$ _____ a non-refundable application fee. If I/we do not meet any of the Resident Selection Criteria, my/our application will be rejected and my/our application fee WILL NOT be refunded under ANY circumstances. Reports and checks determining my/our qualifications may be made by a separate party.

I/we hereby waive any claim to damages because of non-acceptance. Once the application is approved, the applicant(s) agree to execute a lease agreement within 72 hours and pay the application/security deposit and/or fees in the form of a certified check or money order. The standard application/security deposit is \$ _____. Also, a pet privilege charge of \$-_____ is due (if applicable). **I/we understand if I/we fail to take possession of the apartment, after the deposit(s) is/are paid, that my/our application/security deposit will be forfeited.**

If management cannot have an apartment for me/us by the desired move-in date listed on page 1 of this application because the apartment is not ready for occupancy or because another resident holds over or for any other reason, Management is not liable to me/us for damages. I/we will not be required to pay any rent until the apartment is available. If Management is not able to deliver possession to me/us within 30 days of the projected date, I/we may cancel the application without further obligation and my/our application/security deposit will be refunded.

I/we agree: (a) to be bound by and comply with the lease and all addenda; (b) that the community will retain this application whether or not it is approved; (c) that everything stated in this application is true to the best of my/our knowledge; and (d) that I/we grant the community authority to check my/our credit/employment, rental and criminal history, and to secure follow up credit reports and employment verifications. If the rejection of my/our application occurs, I/we hereby authorize the community to share information with Weller Workforce Housing Company for purposes related to the rental of an apartment or residency of any type or other purposes.

RESIDENT RELEASE AND CONSENT

I/we, the undersigned, hereby authorize all persons or companies to release, without liability, information regarding employment, criminal history, previous residencies, and income to the above name community, its owners, and agents for purposes of verifying information on my/our rental application.

I/we understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Resident.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

- | | | |
|--|---|---|
| <i>Past & Present Employers</i> | <i>State Unemployment Agencies</i> | <i>Veterans Administration</i> |
| <i>Past & Present Landlords</i> | <i>Welfare Agencies</i> | <i>Retirement Systems</i> |
| <i>Support & Alimony Providers</i> | <i>Social Security Administrations</i> | <i>Banks and Other Financial Institutions</i> |
| <i>Public Housing Agencies</i> | <i>Credit Reporting Bureaus</i> | <i>Medical and Child Care Providers</i> |
| <i>Utility Companies</i> | <i>Federal/State/Local Law Enforcement Agencies</i> | |



I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for the length of my financial obligation.

Applicant Signature

Printed Name

Date

Spouse Signature

Printed Name

Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4505, "REQUEST FOR COPY OF TAX-FORM" must be prepared and signed separately.

FOR OFFICE USE ONLY

___ Approved or ___ Denied

Date: _____ By: _____

If denied, the reason for denial: _____

Notes/Comments: _____