

LEASE APPLICATION AND DEPOSIT RECEIPT

NOTE: Co-applicants except for spouse must complete a separate application form. PLEASE PRINT

1. NAME _____ Married _____ Single _____ Separated _____ Divorced _____

2. DATE OF BIRTH: _____ PHONE# _____ SOC.SEC.#: _____

3. LIST ALL OTHER PERSONS THAT WILL BE RESIDING IN THE APARTMENT:

Name: _____ DOB: _____ SS#: _____ Relationship: _____

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Name: _____ DOB: _____ SS#: _____ Relationship: _____

Name: _____ DOB: _____ SS#: _____ Relationship: _____

Name: _____ DOB: _____ SS#: _____ Relationship: _____

4. Have you, or ANYONE (regardless of age) who will be residing with you:

- a. Ever been arrested, cited, prosecuted, plead guilty to, or been convicted of a crime?
b. Ever been placed on probation, parole, or effected by the Megan Laws?
c. Ever been or currently are a member of gang?
d. Ever had a or currently have a warrant for your/their arrest?
e. Ever been or currently are involved in ANY criminal activity?
f. Ever applied for residency or lived at a community managed by Centurion Management Company?
g. Ever been evicted or had a forcible detainer filed against you?
h. Ever moved to avoid eviction or because of problems with other tenants or a landlord?

Explain ALL "Yes" answers IN DETAIL _____

5. Will you have a waterbed? Do you have any musical instruments? Will you have service animals? Service animals are permitted with proper documentation. See Landlord for details.

6. Will a pet of any kind live in the Apartment? If yes, please describe: Type of Pet Weight lbs. Spayed/Neutered License # Expires:

7. Your DRIVER LICENSE# STATE EXP. DATE Spouse's DRIVER LICENSE# STATE EXP. DATE

8. VEHICLES you would like to park on the property:

AUTO Make Yr. Color Tag# State

AUTO Make Yr. Color Tag# State

MOTORCYCLE Make Yr. Color Tag# State

Description of any other vehicle (boats, trucks, trailers, recreational vehicles, etc.) you would like to keep on the property. Prior written permission, separate from this application must be obtained from management.

Make Yr. Color Tag# State

9. CURRENT EMPLOYER ADDRESS ZIP

Phone Position Hire Date Supervisor

Gross Income \$ (circle one) Hourly Weekly Bi-Weekly Monthly Yearly

10. PREVIOUS EMPLOYER ADDRESS ZIP

Phone Position Hire Date Last Date Worked Supervisor

11. SPOUSE'S EMPLOYER ADDRESS ZIP

Phone Position Hire Date Supervisor

Gross Income \$ (circle one) Hourly Weekly Bi-Weekly Monthly Yearly

12. PREVIOUS EMPLOYER ADDRESS ZIP

Phone Position Hire Date Last Date Worked Supervisor

13. OTHER SOURCES OF INCOME: TYPE OF INCOME ANNUAL AMOUNT CONTACT ADDRESS/PHONE a) b)

14. RESIDENCE HISTORY:

Current Address _____ Apt. # _____ City _____ State _____ Zip _____
 Monthly Payment: \$ _____ Length of Occupancy _____ Lease Expires _____
 Community Name, Landlord or Mortgage Holder _____ Phone # _____
 Reason for Moving? _____
 Previous Address _____ Apt. # _____ City _____ State _____ Zip _____
 Community Name, Landlord or Mortgage Holder _____ Phone # _____
 Move-In Date _____ Move-Out Date _____

15. Have you ever been notified by a lender that you were delinquent on a mortgage payment or given written notification by management that you were late with rental payment? Yes No If yes, please explain: _____

16. Your Bank(s): NAME ACCT# BRANCH LOCATION/ADDRESS
 CHECKING _____
 SAVINGS _____

17. CREDIT REFERENCES (Bank Cards, Credit Cards, Charge Accts, Auto Loans)
 TYPE HOST BANK/STORE/COMPANY CARD/ACCT #
 a) _____
 b) _____

18. Person(s) to notify and person you want responsible for your personal property in case of emergency (other than co-resident).
FOR APPLICANT **FOR SPOUSE**
 NAME _____ NAME _____
 ADDRESS _____ ADDRESS _____
 CITY/STATE _____ CITY/STATE _____
 PHONE # _____ PHONE # _____
 RELATIONSHIP _____ RELATIONSHIP _____

DEPOSIT TO HOLD AGREEMENT

In consideration of management reserving the apartment for me, I agree to pay a deposit of \$ _____. This deposit is refundable if my Application is approved, as it is credited to the required security deposit. I may cancel this agreement and be refunded my deposit by notifying you of my decision to cancel by 5 p.m. on _____ 20 _____. Cancellation after this time will result in forfeiture of my deposit. I must pay rent on or before my "MOVE-IN DATE" or my deposit will be forfeited and the apartment re-rented. There will be a \$20 fee for any returned checks.

LEASE AGREEMENT INFORMATION

Apt. #	Type	Agreement Length	Parking Space	DATE	MOVE-IN	Traffic Source
	BASIC RENT	\$ _____			SECURITY DEPOSIT	\$ _____
	PET RENT*	\$ _____			(total amount before crediting deposit to hold)	
	PARKING RENT	\$ _____			NON-REFUNDABLE REDECORATING CHARGE	\$ _____
	OTHER RENT	\$ _____			NON-REFUNDABLE PET SANITIZE CHARGE	\$ _____
	SUBTOTAL	\$ _____				
	Tax (varies by city)	\$ _____				
	TOTAL	\$ _____				
	*Does Not Apply to Assistive Animals				MOVE-IN SPECIAL	\$ _____

AMOUNT DUE AT MOVE-IN (in the form of a money order) \$ _____

Initial _____
 _____ Applicant represents that all of the above statements are true and complete, and authorizes management to verify.
 _____ Falsification of information on application results in forfeiture of Deposit to Hold and constitutes grounds for rejection of this application or eviction from the premises. Management reserves the right to verify application information after move-in and may convert the proposed rental agreement to a month-to-month term if false or misleading information is contained herein.
 _____ I authorize all persons/or firms named and unnamed in this application to freely provide any and all requested information concerning me and hereby waive all right of action for any consequence resulting from such information and/or the providing thereof.
 _____ Applicant agrees to the terms of the "Deposit to Hold Agreement."
 _____ Applicant must bring in utility receipt verifying that utilities are in his/her name on the move-in date.
 _____ Applicant understands that the amount due at move-in is just an estimate, and may change depending upon the information obtained at the time the application is verified.
 _____ Applicant realizes that the application fee of \$ _____ is a non-refundable processing fee even if the application is not approved.

APPLICANTS SIGNATURE _____ AGENT OF MANAGEMENT _____
 DATE _____ DATE _____
 SPOUSE'S SIGNATURE _____
 DATE _____ PROPERTY _____

APPLICATION CHECK - OFFICE USE ONLY

Applicant: Driver License Verified? Yes No Social Security # Verified? Yes No
 Spouse: Driver License Verified? Yes No Social Security # Verified? Yes No

