



APT. NAME: _____

SIZE: _____ NO: _____

MOVE IN DATE: _____

☐ RESIDENT ☐ CO-SIGNER ☐ ROOMMATE ADD ON _____

I. CREDIT APPLICATION - FILL OUT LEGIBLY AND COMPLETELY No. of Residents: _____

NAME OF APPLICANT: _____

LastFirstMiddle Initial

Date of Birth: _____

Phone: () _____ Email Address: _____

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

Move in date: _____ Move out date: _____ Reason for Leaving: _____

Owner/Agent/Complex: _____ Mo. Payment: _____ Phone: () _____

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

Move in date: _____ Move out date: _____ Reason for Leaving: _____

Owner/Agent/Complex: _____ Mo. Payment: _____ Phone: () _____

SS# or I.T.I.N. #: _____ D.L. #: _____ License Plate No.: _____

Automobile Make: _____ Color: _____ Yr: _____ State of Registration: _____

Present Employer: _____ From/To: _____

Address: _____ Phone: () _____

Employed as: _____ Monthly Salary: _____

Other Verifiable Income: _____ Monthly Amount: _____ Phone: () _____

Notify in case of Emergency: _____ Relationship: _____

Address: _____ Phone: (home)() _____ (work)() _____

City: _____ State: _____ Zip _____

NAME OF APPLICANT: _____

LastFirstMiddle Initial

Date of Birth: _____

Phone: () _____ Email Address: _____

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

Move in date: _____ Move out date: _____ Reason for Leaving: _____

Owner/Agent/Complex: _____ Mo. Payment: _____ Phone: () _____

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

Move in date: _____ Move out date: _____ Reason for Leaving: _____

Owner/Agent/Complex: _____ Mo. Payment: _____ Phone: () _____

SS# or I.T.I.N. #: _____ D.L. #: _____ License Plate No.: _____

Automobile Make: _____ Color: _____ Yr: _____ State of Registration: _____

Present Employer: _____ From/To: _____

Address: _____ Phone: () _____

Employed as: _____ Monthly Salary: _____

Other Verifiable Income: _____ Monthly Amount: _____ Phone: () _____

Notify in case of Emergency: _____ Relationship: _____

Address: _____ Phone: (home)() _____ (work)() _____

City: _____ State: _____ Zip _____

Applicant declares that the above stated facts are true and correct and, by their signature below, Applicant hereby authorizes Owner, or its Agent, to obtain, from others, full and complete information, including credit report, unlawful detainer (eviction search) report, criminal background check, previous tenant history and verification of employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.

Applicant's Signature

Photo I.D. Title & # _____

Issuing Authority _____ Exp. Date _____

Verified by: _____

Co-Applicant's Signature

Photo I.D. Title & # _____

Issuing Authority _____ Exp. Date _____

Verified by: _____

DEPOSIT RECEIPT Date / Time of Receipt _____ am /pm

Received the sum of \$ _____ as a deposit to secure the rental of apartment number _____ upon the terms and conditions of the Rental Agreement. If application is not accepted by the owner or it's agent within three (3) days, the application shall be deemed not accepted. If not accepted, this deposit shall be refunded. If application is accepted by the owner or it's agent, the first month's rent plus additional deposits, as required below, will be payable. Owner and/or it's agent shall not be liable to Applicant for damages for failure to deliver possession of the premises on the date herein stated, beyond the refund of the Deposit received. In the case of co-residents, it is understood that the full deposit shall remain with the apartment until completely vacated and will be refunded to the legal residents at that time. At no time will any deposit be split or partially refunded. Since this deposit is intended to secure the rental of the above apartment and since the apartment is being withdrawn from the rental market, upon cancellation of this application by applicant, after acceptance, the daily rental rate of the above apartment (\$ _____ per day) shall be deducted from the deposit, and any remaining balance shall be refunded. In addition, a non-refundable fee of \$ _____ per report has been received, and an itemization receipt has been provided. ☐ Utilities not included.

INITIAL PAYMENTS REQUIRED

1. Rent from _____ thru _____ \$ _____
☐ Addendum ☐ Mo. to Mo.

2. Additional Deposit \$ _____

3. Other Adjustments(s) \$ _____

4. Balance due on move-in day \$ _____
(All adults must be present)

Next rent due on _____, _____ \$ _____

Rent from _____ thru _____

I have read and understand these conditions: _____ Initial(s). _____ Agent for Owner

☐ APPROVED BY: _____
Date _____ Time _____

☐ CONDITIONALLY APPROVED BY: _____
(Co-S/ Addl Dep) Date _____ Time _____
Conditional Approval Letter Sent _____
Date _____

☐ DENIED BY: _____
Date _____ Time _____
Denial Letter Sent _____
Date _____

☐ CANCELLED BY: _____
Date _____ Time _____