

APPLICATION FOR RENTAL

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Tell Us About Yourself (use additional sheets if necessary)

FIRST NAME		MIDDLE NAME		LAST NAME		
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVER'S LICENSE # OR STATE ISSUED ID #		STATE OF ISSUANCE	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE SUPPLEMENTAL APPLICATION	
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS		
APPLICANT'S PRESENT ADDRESS			COUNTY		WORK TELEPHONE #	
CITY	STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #		
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)						
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	
PRESENT ADDRESS IS (Check one): OWN HOME PARENTS' HOME RENTED HOME RENTED APARTMENT STUDENT HOUSING OTHER:						
IF RENTING: PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWNED: NAME OF MORTGAGE COMPANY				FROM DATE:	TO DATE:	
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY						
CITY	STATE	ZIP		TELEPHONE #		
MONTHLY PAYMENT	MOVE-IN DATE	ANTICIPATED MOVE-OUT DATE		REASON FOR LEAVING:		
APPLICANT'S PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS) (Check one): OWN HOME PARENTS' HOME RENTED HOME RENTED APARTMENT STUDENT HOUSING OTHER:						
IF RENTING: PREVIOUS LANDLORD OR APARTMENT COMMUNITY / IF OWNED: NAME OF MORTGAGE COMPANY				FROM DATE:	TO DATE:	
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY						
CITY	STATE	ZIP		TELEPHONE #		
MONTHLY PAYMENT	MOVE-IN DATE	MOVE-OUT DATE		REASON FOR LEAVING:		
HAVE YOU LIVED IN AN ELON RESIDENTIAL COMMUNITY BEFORE? YES NO		IF YES, WHICH ONE (Include city and/or state)?			FROM DATE:	TO DATE:

Employment

EMPLOYER			MONTHLY GROSS INCOME		
ADDRESS		CITY	STATE	ZIP	
TYPE OF WORK		POSITION HELD		INDUSTRY:	
SUPERVISOR		SUPERVISOR'S TELEPHONE #		START DATE	MILES TO WORK
OTHER SOURCE(S) OF INCOME	WHEN RECEIVED	AMOUNT		MONTHLY INCOME FROM OTHER SOURCES	
FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT JOB)					
ADDRESS		CITY	STATE	ZIP	
TYPE OF WORK		POSITION HELD		INDUSTRY:	
SUPERVISOR		SUPERVISOR'S TELEPHONE #		START DATE	

Motor Vehicles (including cars, trucks, boats, motorcycles):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

Pets (keeping of pets requires Lessor's consent)

BREED	NAME	WEIGHT/HEIGHT	AGE
1.			
2.			

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Personal References

NAME OF NEAREST RELATIVE		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP	TELEPHONE #
NAME OF PERSONAL REFERENCE		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP	TELEPHONE #

Criminal Background Information

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)?	Applicant	Yes	No	Occupants	Yes	No
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant	Yes	No	Occupants	Yes	No
Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant	Yes	No	Occupants	Yes	No

If "Yes" to any of the above questions, give details and dates: _____

How did you hear about our community?

<input type="checkbox"/> Walk-By	<input type="checkbox"/> Rental Publication (Which One?) _____	<input type="checkbox"/> Internet (which site?) _____
<input type="checkbox"/> Locator Service (Which One?) _____	<input type="checkbox"/> Rental Agency (Which One?) _____	<input type="checkbox"/> Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information—Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include criminal background information, about Applicant and any occupants in the apartment in order to verify the above information, references, credit and criminal records. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant.

I have read and agree to the provisions as stated.

Application Processing Fee required with Application: \$ _____

Applicant Signature _____

Date _____

Total Holding Deposit Per Apartment (if any): \$ _____
(Holding Deposit Agreement required)

OFFICE USE ONLY

Apartment Number	_____
Apartment Size/Description	_____
Anticipated Move-in Date	_____
Lease Start Date	_____
Lease End Date	_____
Monthly Apartment Rent	_____
Property Staff Initials	_____