

RENTAL APPLICATION

3/7/2025

Agent --
 Date --

DATE _____ APARTMENT # _____ UNIT SIZE _____
 PROPERTY ADDRESS _____
 LEASE DATES From _____ To _____ Term _____
 How did you hear of this vacancy? Website ___ Friend ___ Ad ___ Drive-by ___ Other ___

Rent per month \$ _____
 Security Deposit is Not Less Than 1-month's rent; Sometimes higher

EACH APPLICANT -- PLEASE:
 Complete and submit a **Separate Application** and **Attach:**
 • \$50 Application Deposit • Copy of your Government-Issued **Photo ID**

Please Print Clearly

APPLICANT (Prospective Resident or Guarantor / Co-signer)		Date of Birth	Driver's License # & State	Social Security #	Dependents
Applicant Complete Legal Name					
Other Applicants (Legal Names)		Attach a Separate Application Form for Each Applicant			
Current Address		Apt #	eMail		Phone
City	State	Zip Code	Move-in Date		
Present Landlord (OWNER, <u>not</u> caretaker)		Rent Paid	Landlord Phone		
Previous Address		Apt #	Move-in Date		
City	State	Zip Code	Move-out Date		
Previous Landlord (OWNER, <u>not</u> caretaker)		Rent Paid	Landlord Phone		

Applicant's Signature is Required
 At bottom of this page

DO NOT WRITE in Blank Space Below
 [For Use By Leasing Agent]

SOURCE OF INCOME (EMPLOYMENT if Employed) (Show Student Loans in "Credit References" / Not as "Income")	
Current Employer or Other Source	Position Phone (your desk, ...)
Address	Salary / mo _____ / yr _____ Begin Date
City State Zip	Supervisor's Name Supervisor's (or HR) Phone
During occupancy, will your monthly income equal at least three times the monthly rent? Yes ___ No ___ If "No," please understand that we might deny your application or require a qualified Co-signer and collect a higher deposit.	
Previous Employer or Other Source	Previous Position Begin Date
Address	Reason for Leaving End Date
City State Zip	Supervisor's Name Supervisor's (or HR) Phone

ADDITIONAL SOURCES OF INCOME (ie: Part Time Job, Assistance, Etc.)	
1 Source	Amount / mo _____ / yr _____ Phone
2 Source	Amount / mo _____ / yr _____ Phone

BANK ACCOUNT (Indicate BRANCH -- Indicate SERVICES USED)	
Bank Name	Account # Phone
Address	City State Zip Savings --- <input type="checkbox"/> Checking --- <input type="checkbox"/> Loan ----- <input type="checkbox"/>

AUTO(s)	
Make	Year License Plate # & State Model & Color
Lender / Bank Name	Date Opened Original Loan Amt Current Balance Monthly Pmt

PERSONAL REFERENCES	
1 Name of Father and/or Mother of Applicant	Phone
Address	City State Zip
2 Personal Reference (No Relatives Please)	Phone
Address	City State Zip
3 In Case Of EMERGENCY Please Contact	Phone
Address	City State Zip

IMPORTANT

Are you aware of problems or 'negative' items relating to your credit or your rental history; **OR** Have you ever been convicted of a crime?

NO YES If yes, please explain on the back side of this form ---->

CREDIT REFERENCES (Credit cards, etc.) (Please Be Specific -- As part of our verification process, we will obtain a consumer credit report and compare it to the information provided on this form.)						
Lender / Bank Name	Type of Acct	Date Opened	Credit Limit	Current Balance	Monthly Pmt	Lender address / phone
1						
2						
3						

List ALL Occupants (Names)		Relationship	Age
	Applicant	(see above)	

A \$50.00 Application Deposit & Photo ID must accompany this Rental Application.

The undersigned agrees that he/she will forfeit this Application Deposit if the Application is not acceptable because of incorrect, incomplete or misleading information furnished by the Applicant and contained herein. It is also agreed if for any reason the Applicant is unable or unwilling to complete the Lease applied for, this Application Deposit will Not be refunded.

It is also agreed and understood that this Application for Lease is taken subject to the approval of Management and Owner. Unsigned applications will not be processed. **Subject to the conditions shown above, this Application Deposit will be refunded Only if the Application is Not accepted by the Owner.**

Note: Only persons shown on the Lease may occupy the Apartment. Be sure to list ALL Occupants above & include yourself. Increased rent, charges &/or fees will be due for any additional person/occupant.

ANIMALS	None	Yes
Kind / Description	Age	Sex

Please list on the back other data that may affect the acceptance of this application. The foregoing information is supplied to the Management to induce them to rent to me and is true, complete and correct in all respects. I authorize Eric M. Lein, the Owner, to verify my past and present employment records, bank accounts, and any other records needed to process my Application. I further authorize Eric M. Lein to order credit and criminal history reports on me and to verify other information, including landlord and mortgage references. It is understood that a facsimile or photocopy of this form will also serve as authorization.

ANIMALS are NOT ALLOWED without written permission signed by the building Owner and payment of additional deposit. Some types are never allowed. If you have allergies, you are applying with the understanding that animals have lived in the Apartment in the past.

X
 SIGNATURE of Applicant [Resident or Guarantor / Co-signer] DATE