

RENTAL APPLICATION

(Each person over 18 and not a dependent must submit a separate application)

OFFICE USE ONLY

Apartment Community: OL MV PV PW	Rental Agent: _____	Move-in Date: _____	Apt. # _____
Monthly Rent: \$ _____	Application(s) Fee Paid: \$ _____		

How did you hear about our community?

Internet (which site?) _____
 Resident (name?) _____
 Drive-by Rental Publication (Which One?) _____
 Rental Agency (Which One?) _____
 Locator Service (Which One?) _____
 Other _____

Tell Us About Yourself (use additional sheets if necessary)

First Name (Full Legal Name)	Middle Initial	Last Name	Social Security Number
Present Street Address	City	State	Zip Telephone No.
Email	Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.	

Have you ever been known under any other names or aliases? Yes No If Yes, please list:

List States resided in for the past 10 years from this application date:

List Counties/Parishes resided in for the past 10 years from this application date:

GENERAL INFORMATION ON ADULT DEPENDENT (if applicable)

First Name (Full Legal Name)	Middle Initial	Last Name	Social Security Number
Present Street Address	City	State	Zip Telephone No.
Email	Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.	

List States resided in for the past 10 years from this application date:

List Counties/Parishes resided in for the past 10 years from this application date:

EMPLOYMENT HISTORY ON APPLICANT

Name of Present Employer			
Employer's Street Address	City	State	Zip Telephone No.
Email	Position Held with Present Employer		Gross Monthly Income
Length of Employment	Supervisor's Name		Telephone No.

If current employment is less than 6 months, please complete previous employment.

Name of Previous Employer			
Previous Employer's Street Address	City	State	Zip Telephone No.

Email	Position Held with Previous Employer	Gross Monthly Income
Length of Employment	Previous Supervisor's Name	Telephone No.

CREDIT HISTORY

Do you have any other non-work income you want considered (alimony, child support, investments)? Yes No If Yes, please explain:

Have you or any other prospective residents ever owned a home? Yes No

RENTAL HISTORY – List a minimum of 24 months of rental/mortgage history.

Name of Present Landlord	Monthly Rental Rate	Date Moved In	Date Moved Out
Street Address	City	State Zip	Telephone No.

Landlord immediately prior to the Present Landlord) (If Applicant and Applicant's Spouse are completing this Application, name all Landlords for both parties.)

Name of Previous Landlord	Monthly Rental Rate	Date Moved In	Date Moved Out
Street Address	City	State Zip	Telephone No.

OTHER OCCUPANTS (LIST ALL PERSONS NOT SIGNING THIS APPLICATION WHO WILL BE RESIDING IN THE APARTMENT)

Name	Social Security Number	Relationship to Applicant	Sex: M / F
Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.		
Name	Social Security Number	Relationship to Applicant	Sex: M / F
Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.		
Name	Social Security Number	Relationship to Applicant	Sex: M / F
Date of Birth	Drivers License No. and State OR Govt. Issued Photo ID No.		

ANIMALS – We do not allow animals

YOUR VEHICLE(S) If Applicant will be parking a vehicle on the property, please provide the following information:

Vehicle Type (car, motorcycle, truck)	Make of Vehicle	Model	Color	Year	State/License Plate No.
Vehicle Type (car, motorcycle, truck)	Make of Vehicle	Model	Color	Year	State/License Plate No.

EMERGENCY In case of emergency, notify (preferably a relative over the age of 18 years)

Name	Relationship	Address
Home Phone No.		Work Phone No.

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 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

If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident happened:

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations related to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a rental agreement 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 us to execute a rental agreement or to deliver possession of the premises to you.

In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to: (i) grant to the person designated above access to the Applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of Applicant's property located in the mailbox, storerooms or common areas; and (iii) refund the Applicant's security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the Mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

Applicant acknowledges that Owner's acceptance of Applicant as a resident at the property is condition upon (i) Owner's approval of this Application; and (ii) receipt of an executed Rental Agreement along with payment of first month's rent and security deposit. The second months rent will be prorated if move-in occurs on a date other than the 1st day of the month. In the event any of these conditions have not been met, Owner shall have no obligation to rent to Applicant.

I have read and agree to the provisions as stated.

Non-Refundable Application Processing Fee
required with each Application: \$25.00

Applicant Signature _____

Date: _____

* **Email Address.** Please provide the email address through which you prefer to receive communications from us. In particular, we may present our rental agreement and addendums thereto to you for signature. If we do so, you will receive an email with an attachment. You can review the rental agreement on your own time and sign it anytime prior to your move-in date. Your signature should match the name that is displayed in your rental agreement.