

RENTAL APPLICATION

Equal Housing
Opportunity

Move-In Date Requested _____ Unit # _____ Lease Term Requested _____ Home Telephone # _____
Applicant Name _____ Social Security Number # _____ Driver's License # _____ /State _____ Exp. _____

Occupants: Indicate the number of persons to occupy the apartment (do not include yourself):

Name	Social Security #	Driver's License / State	Birthdate
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Residency:

Current: Address _____, City _____, State _____, Zip _____
How Long _____ Monthly Payment _____ Landlord or Mortgage Company _____ Phone # _____
Reason for Leaving _____
Have you ever been evicted or asked to terminate a lease? _____ If so, please explain _____

Previous: Address _____, City _____, State _____, Zip _____
How Long _____ Monthly Payment _____ Landlord or Mortgage Company _____ Phone # _____
Reason for Leaving _____

Previous: Address _____, City _____, State _____, Zip _____
How Long _____ Monthly Payment _____ Landlord or Mortgage Company _____ Phone # _____
Reason for Leaving _____

Employment (APPLICANT)

Current: Employer _____ Address _____ Phone # _____
Position _____ How Long _____
Gross Monthly Salary _____ Immediate Supervisor _____

Previous: Employer _____ Address _____ Phone # _____
Position _____ How Long _____
Gross Monthly Salary _____ Immediate Supervisor _____

Other Employment (other source of income)

Source: _____ Address _____ Phone # _____
Gross Monthly Amount _____ How Long? _____

Vehicle: Number of automobiles _____ Motorcycles _____
Make _____ Model _____ Color _____ Year _____ License Plate _____ State _____
Make _____ Model _____ Color _____ Year _____ License Plate _____ State _____

Pets: If you have any pets please complete the following:
Type of pet _____ Breed of pet _____ Age _____ Color _____ Size / Weight _____

Other: Have you ever been convicted of a crime? _____ If so, please explain _____

Emergency: Person(s) to notify in case of emergency: (other than co-resident:)

Name: _____ Address _____ City _____ State _____ Zip _____
Relationship: _____ Phone: Home _____ Work _____ Other _____

Applicant(s) hereby represent that all the above statements are true and correct and are made to induce Management to lease or rent an apartment and Applicant(s) hereby authorizes verification of references given, employment and credit information. I (we) agree that I (we) have no right to occupy the apartment until the application is approved and a Rental Agreement is entered into. Any false statements made above shall be sufficient cause for Management to cancel and terminate any agreement made with Applicant(s). Management reserves the right to reject Applicants rental application any time prior to execution and delivery of the Rental Agreement. In the event of rejection, any sums deposited, less application fees, will be refunded to Applicants within 30 days. **If Applicant(s) withdraws application prior to execution of Rental Agreement, the deposit/fee will be forfeited unless written cancellation is received within 72 hours from the date and time indicated below.** If Management, for any reason, cannot deliver possession of the premises to Applicant(s) at the commencement of the term, only the deposits/fees, less application fee, paid to Management shall be refunded to applicant(s) within 30 days.

Applicant Signature _____

Date _____ Time _____

Metric Representative _____

Identification of Applicant Verified