Address/Lo	t#			Money Order #					
			MANAGEMENT REN						
	APPLICA	INT		CO-APPLICANT					
Applicant Name:				Co-Applicant Name:					
Social Sec. No:		Date	e of Birth:	Social Sec. No:		Date of Birth:			
Home Phone:		Cell	Phone:	Home Phone:	· · · · · · · · · · · · · · · · · · ·	Cell Phone:			
E-Mail:				E-Mail:					
Driver's Lic. No./State:			Student: YesNo	Driver's Lic. No./Stat	te:	Student: YesNo			
Vehicle Make/Mo	del/Year/Tag #:			Vehicle Make/Model/Year/Tag #:					
Provide	Addresses for	pric	or 24 months	Provide Addresses for prior 24 months					
	(street, city, state, z			Current Address (street, city, state, zip code)					
Street				Street					
			Zip Code	City State Zip Code					
			se Expires:	Own Rent M/I Date: Lease Expires:					
	S		*	Rent/Mort. Amt \$					
Landlord:				Landlord: Tel.:					
	(street, city, state,			Previous Address (street, city, state, zip code)					
Street				Street					
			Zip Code	City State Zip Code					
		Leas	se Expires:	Own Rent M/I Date: Lease Expires:					
Rent/Mort. Amt \$	_			Rent/Mort. Amt \$					
Former Landlord:			Tel.:	Former Landlord:Tel.:					
	ying home in addi	ition	to applicants:		<u> </u>				
Name:			elationship:	Social Sec. No.:		Date of Birth:			
Name:			elationship:	Social Sec. No.:		Date of Birth:			
Name:		Re	elationship:	Social Sec. No.:		Date of Birth:			
Pet: Yes No	Breed:		How Many: 1 or 2	Size:	Indoor	or Outdoor			
		_	INFORMATION	CO-APPLICANT EMPLOYMENT INFORMATION					
Name & Phone # of Employer:		Tim	ne at this job:	Name & Phone # of E	mployer:	Time at this job:			
ŀ		Mo	yearsmonths nthly Income:			yearsmonths Monthly Income:			
		\$	nuny meome.			s wonthly income:			
Self Employed				Self Employed		•			
Position/Title/Type of Business:		Per	sonnel Phone:	Position/Title/Type	of Business:	Personnel Phone:			
If employe	ed in current position	for le	ess than one year or if curren	ntly employed in more than one position, complete the following.					
Name & Phone # of Employer:		Date (from-to):		Name & Phone # of E	mployer:	Date (from-to):			
ļ		Monthly Income:		,		Monthly Income:			
		\$				\$			
Self Employed				Self Employed		· 			
Position/Title/Type of Business:		Personnel Phone:		Position/Title/Type	of Business:	Personnel Phone:			
				,					

Application Fee\_\_\_\_\_

Community\_\_\_\_

OTHED MONTHI V INCOME													
OTHER MONTHLY INCOME													
Other Monthly Income	Appli	cant	Co-Aj	Total									
	]												
***************************************													
Total	\$		\$	······································	\$								
* Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.													
		HOME INFO	RMATION		·		-						
VIN #:	Make:			Model:									
	Deal		Financed Amount:			Monthly Payment Amount:							
\$   \$   \$   \$   \$   \$   \$   \$   \$   \$													
21		AERGENCY: (P	lease include o		t)								
Name:	Address:		Tel #:			Relationship:							
Name:	Address:			Tel #:		Relation	nshin-						
						i							
I hereby give consent to contact the	on.		INITIALS										
			RATIONS										
If you answer, "yes" to any que	stions a through	h, please use co	ntinuation she	et for explanation		_							
					Applic Yes		Co-App						
					_	No	Yes	No					
a. Are there any outstanding		Ü	0	Ü	Ö								
b. Have you declared bank			0	0									
c. Have you been foreclose in lieu of in the last seve	0	0											
d. Are you delinquent or in													
mortgage, financial oblig described in the proceed		n guarantee? If y	es give details a	as									
e. Are you a co-maker or e	ndorser on a note?						0	0 `					
f. Will you occupy the prop	perty as your prim	ary residence?											
g. *Have you been convicte	ed of a felony or a o	crime of violence	against a perso	n or property?									
h. * Are you listed on any government-sponsored registry naming terrorists, Most Wanted criminals or sex offenders?													
* Each occupant 18 years of age or older must answer questions "g" and "h" and sign an application with the answers. False statements will be considered false statements by the applicant(s).													
		WLEDGEMEN				, , , , , , , , , , , , , , , , , , , ,							
It is understood that the applicat	ion-processing fee	is not refundable	e. except as prov	vided by applicab	le law								
I authorize Management and its						specifica	lly to ob	tain					
public and nonpublic references	and credit reports	or records and c	riminal (includi	ng sex offender)	backgrou	nd record	ls if appli	icable.					
I also authorize Management and								and					
reports at any time during the te							riew my						
continuing eligibility to be a residence Applicant represents that all the			s or charges or	or any other per	missible )	purpose.							
Applicant Signature	DIMEDINGUES HELCHILL	Date:	Co Applicant S	ignature			Date	•					
X		X	-Outer source			Date	•						
Management Representative Sign	nature		Date										

The application fee deposited with this application is to cover the cost of processing; this fee is non refundable. If this application is approved, I understand that I will pay a security deposit and that I will enter into a separate lease.



EQUAL ROUSING Management is committed to comply with all federal, state and local fair housing and equal housing opportunities laws.