

Community \_\_\_\_\_

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

Address \_\_\_\_\_

Check/Money Order # \_\_\_\_\_

**MANAGEMENT RENTAL APPLICATION**

<b>APPLICANT</b>		<b>CO-APPLICANT</b>	
Applicant Name:		Co-Applicant Name:	
Social Sec. No:	Date 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: ___Yes ___No	Driver's Lic. No./State:	Student: ___Yes ___No
Vehicle Make/Model/Year/Tag #:		Vehicle Make/Model/Year/Tag #:	
<b>Provide Addresses for prior 24 months</b>		<b>Provide Addresses for prior 24 months</b>	
Current Address (street, city, state, zip code)		Current Address (street, city, state, zip code)	
Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Landlord: _____ Tel.: _____		Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Landlord: _____ Tel.: _____	
Previous Address (street, city, state, zip code)		Previous Address (street, city, state, zip code)	
Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Former Landlord: _____ Tel.: _____		Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Former Landlord: _____ Tel.: _____	
<b>Person(s) occupying home in addition to applicants:</b>			
Name:	Relationship:	Social Sec. No.:	Date of Birth:
Name:	Relationship:	Social Sec. No.:	Date of Birth:
Name:	Relationship:	Social Sec. No.:	Date of Birth:
Pet: Yes No	Type:	Breed:	Size: Description:
<b>APPLICANT EMPLOYMENT INFORMATION</b>		<b>CO-APPLICANT EMPLOYMENT INFORMATION</b>	
Name & Phone # of Employer:	Yrs. On this job:	Name & Phone # of Employer:	Yrs. On this job:
	Monthly Income: \$		Monthly Income: \$
Self Employed		Self Employed	
Position/Title/Type of Business:	Personnel Phone:	Position/Title/Type of Business:	Personnel Phone:
If employed in current position for less than one year or if currently employed in more than one position, complete the following.			
Name & Phone # of Employer:	Date (from-to):	Name & Phone # of Employer:	Date (from-to):
	Monthly Income: \$		Monthly Income: \$
Self Employed		Self Employed	
Position/Title/Type of Business:	Personnel Phone:	Position/Title/Type of Business:	Personnel Phone:

### OTHER MONTHLY INCOME

Other Monthly Income	Applicant	Co-Applicant	Total
<b>Total</b>	\$	\$	\$

\* Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

### IN CASE OF EMERGENCY: (Please include one local contact)

Name:	Address:	Tel #:	Relationship:
Name:	Address:	Tel #:	Relationship:

I hereby give consent to contact the individual listed above to discuss any emergency situation. \_\_\_\_\_ **Initials**

### DECLARATIONS

**If you answer, "yes" to any questions a through h, please use continuation sheet for explanation.**

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding liens or judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you declared bankruptcy in the Last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been foreclosed on or surrendered title/deed in lieu of in the last seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you delinquent or in default on any debt, loan, mortgage, financial obligation, bond, or loan guarantee? If yes give details as described in the proceeding question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Will you occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. *Have you been convicted of a felony or a crime of violence against a person or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. * Are you listed on any government-sponsored registry naming terrorists, Most Wanted criminals or sex offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 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).

### ACKNOWLEDGEMENT AND AGREEMENT

It is understood that the application-processing fee is not refundable, except as provided by applicable law.

I authorize Management and its employees or agents, to verify all the information in this application including specifically to obtain public and nonpublic references and credit reports or records and criminal (including sex offender) background records if applicable. I also authorize Management and its employees or agents (including a third party collection agency), to obtain such references and reports at any time during the term of my residency and after termination of my lease, if such reports are needed to review my continuing eligibility to be a resident, collect any defaulted payments or charges or for any other permissible purpose.

Applicant represents that all the statements herein are true.

Applicant Signature X	Date:	Applicant Signature X	Date:
Management Representative Signature X		Date	



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