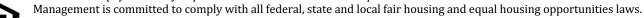
APPLICANT			CO-APPLICANT					
Applicant Name:			Co-Applicant Name:					
Social Sec. No:		Date of Birth:	Social Sec. No:		Date of Birth:			
Home Phone:		Cell Phone:	Home Phone:		Cell Phone:			
E-Mail:			E-Mail:					
Driver's Lic. No./S	State:	Student: YesNo	Driver's Lic. No./State	Student: YesNo				
Vehicle Make/Mo	del/Year/Tag #:		Vehicle Make/Model/	Year/Tag #:				
Provide	Addresses for	Prior 24 Months	Provide A	ddresses for	r Prior 24 Months			
	street, city, state,		Current Address (street, city, state, zip code)					
			Street					
City	Sta	te Zip	City	State	e Zip			
-		Lease Expires:			ease Expires:			
Rent/Mort. Amt \$		·	Rent/Mort. Amt \$					
		.i			Tel.:			
	(street, city, state,		Previous Address (stre	eet, city, state, z	zip code)			
Street			Street					
Citv	Sta	ite Zip	City State Zip					
		Lease Expires:	Own Rent M/I Date:   Lease Expires:					
, Rent/Mort. Amt \$		·	Rent/Mort. Amt \$					
Former Landlord		Tel.:	Former Landlord: Tel.:					
Person(s) occup	ying home in add	ition to applicants:						
Name:		Relationship:	Social Sec. No.:	Date of Birth:				
Name:		Relationship:	Social Sec. No.:		Date of Birth:			
Name:		Relationship:	Social Sec. No.:	. No.: Date of B				
Pet: Yes No	Breed:	How Many: 1 or 2	Size:	Indoor	or Outdoor			
APPLIC	ANT EMPLOYM	IENT INFORMATION	CO-APPLICANT EMPLOYMENT INFO					
Name & Phone # of Employer:		Time at this job:	Name & Phone # of En	nployer:	Time at this job:			
		yearsmos	_	-	yearsmos			
		Monthly Income: \$			Monthly Income: \$			
Self Employed		Ψ	Self Employed		Ψ			
Position/Title/Type of Business:		Personnel Phone:	Position/Title/Type of Business:		Personnel Phone:			
If employed in current position for <b>less than TWO YEARS</b> or if cur			rrently employed in more th	nan one position,	complete the following.			
Name & Phone # of Employer:		Date (from-to):	Name & Phone # of Employer:		Date (from-to):			
Self Employed		Monthly Income: \$	Self Employed		Monthly Income: \$			
Position/Title/Type of Business:		Personnel Phone:	Position/Title/Type of Business: Personne		Personnel Phone:			

Other Monthly Income	Applicant	Co Annli		Tatal								
	Applicant Co-Applicant		cant		Total							
				_								
Total	\$	\$		\$								
			esturne and fin									
* Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements. HOME INFORMATION												
VIN #:	Modo	1.										
	Year: Make:			Model:								
Cash Deal   Financed Amt:   \$     Mo. Paymt Amt   \$												
IN CASE OF EMERGENCY: (Please include one local contact)						Dalation						
Name:	Name: Address: Tel #:					Relation:						
Name:	Address: Tel #:				Relation:							
I hereby give consent to contact the i	I hereby give consent to contact the individual listed above to discuss any emergency situation.						INITIALS					
DECLARATIONS												
If you answer, "yes" to any que	5			Applican <sup>®</sup>								
please use continuation sheet	-	n	Ì	/es	No	Yes	No					
-	ng liens or judgments against you	<i>:</i>										
-	ruptcy in the Last 7 years?											
	c. Have you been foreclosed on or surrendered title/deed in lieu of in the last seven years?					0	0					
	default on any debt, loan,											
mortgage, financial obligation, bond, or loan guarantee? If yes give details as												
described in the proceeding question?												
e. Are you a co-maker or endorser on a note?												
f. Will you occupy the property as your primary residence?												
<ul> <li>g. *Have you been convicted of a felony or a crime of violence against a person or property?</li> <li>h. * Are you listed on any government-sponsored registry naming terrorists, Most Wanted</li> </ul>												
criminals or sex offende		anning terrorists, Mos		_	_	_						
* Each occupant 18 years of age or older must answ	ver questions "g" and "h" and sign an application w ACKNOWLEDGEMEN			d false statem	ents by tl	he applicant(s).						
It is understood that the applicat				blolow								
• •		• •			ation	for recide	agu I					
I authorize Rental History Report have personally filled in and/or r												
have personally filled in and/or reviewed all information within the application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MPHA), Employment Verification, Eviction												
Records and Personal Interviews with references. This authorization is for this transaction only and continues for (1) year unless												
limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by												
law. I authorize Rental History Reports to use my Visa/MasterCard/American Express account number in Payment of Services Rendered (Merchandise purchased is a resident screening report). I acknowledge that Rental History Reports provides reports by												
written, electronic or verbal instructions to property managers of my choice and does not participate in the approval or denial												
process, and does not guarantee	an approval. My submitting this a	application below ack	knowledges a	nd agree	s with	all terms	above					
and authorizes companies to rele												
controversy or claim arising out the American Arbitration Associa												
by the arbitrator(s) may be enter			uics, uila jua	Sincine on	i the u	wararena	lereu					
			ion in this ap	plication	includ	ling specif	fically					
I further 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 Rental History Reports and any other 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. <b>Applicant represents that all the statements herein are true</b> .												
Applicant Signature	Date:	Co Applicant Signat				D	ate:					
X		X										
Management Representative Sign	nature	Date										

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



EQUAL HOUSING