A

Position/Title/Type of Business:

Personnel Phone:

ADMIN USE: COMMUNITY		LOT #	APP FEE \$	СНК/МО	#			
		MANAGEMENT REN	TAL APPLICATION	[
APPLIC		CO-APPLICANT						
Applicant Name:		Co-Applicant Name:						
Social Sec. No:	Dat	te of Birth:	Social Sec. No:		Date of Birth:			
Home Phone:	Cel	l Phone:	Home Phone:		Cell Phone:			
E-Mail:		E-Mail:						
Driver's Lic. No./State:		Student: YesNo	Driver's Lic. No./State	Student: YesNo				
Vehicle Make/Model/Year/Tag #:			Vehicle Make/Model/Year/Tag #:					
Provide Addresses fo	or Pr	ior 24 Months	Provide Addresses for Prior 24 Months					
Current Address (street, city, state	, zip c	ode)	Current Address (street, city, state, zip code)					
Street		Street						
City State Zip			City State Zip					
Own Rent M/I Date:	-			ease Expires:				
Rent/Mort. Amt \$			Rent/Mort. Amt \$					
Landlord: Tel.:			Landlord:Tel.:					
Previous Address (street, city, stat		Previous Address (street, city, state, zip code)						
Street		Street						
City State Zip			City State Zip					
Own Rent M/I Date: Lease Expires:			Own Rent M/I Date: Lease Expires:					
Rent/Mort. Amt \$			Rent/Mort. Amt \$					
Former Landlord: Tel.:			Former Landlord: Tel.:					
Person(s) occupying home in ac	lditio	n to applicants:						
Name:		Relationship:	Social Sec. No.:		Date of Birth:			
Name:		Relationship:	Social Sec. No.:		Date of Birth:			
Name:	F	Relationship:	Social Sec. No.:		Date of Birth:			
Pet: Yes No Breed:		How Many: 1 or 2	Size:	Indoor	or Outdoor			
APPLICANT EMPLOY			CO-APPLICANT EMPLOYMENT INFO					
Name & Phone # of Employer:		me at this job: yearsmos	Name & Phone # of Employer:		Time at this job:			
		yearsmos onthly Income:			yearsmos Monthly Income:			
					\$			
Self Employed			Self Employed					
Position/Title/Type of Business:		ersonnel Phone:	Position/Title/Type of Business:		Personnel Phone:			
If employed in current position	for les	s than TWO YEARS or if cur	rently employed in more t	han one position,	complete the following.			
Name & Phone # of Employer: Self Employed		ate (from-to):	Name & Phone # of Employer: Self Employed		Date (from-to):			
		onthly Income:			Monthly Income: \$			

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Other Monthly Income		Applicant		Co-A	Total								
Total	\$			\$	\$								
* Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.													
			ME INFO	ORMATION									
VIN #:		'ear:		Make:		Model:							
Cash Deal	\$	Financed Amt: \$		Mo. Paymt Amt		\$							
IN CASE OF EMERGENCY: (Please include one local contact)													
Name:		ddress:	L L	Tel #:			Relation:						
Name:	А	ddress:			Tel #:		Relation:						
I hereby give conser	nt to contact the abo	ove-listed individuals to di	iscuss ar	ny emergency situ	ation.			INITIALS					
		DE	ECLARA	TIONS		pplican		Applicant					
Yes No Yes No Are you a co-maker or endorser on a note? Image: Comparison of the property as your primary residence? Image: Comparison of the property as your primary residence? Image: Comparison of the property as your primary residence? You may use the space below to provide any additional information you feel is relevant to your application: Image: Comparison of the property as your primary residence? Image: Comparison of the property as your primary residence?													
ACKNOWLEDGEMENT AND AGREEMENT													
It is understood that the application-processing fee is not refundable, except as provided by applicable law. Applicant(s) hereby consent to allow the owner, manager, or his/her/their agent (hereinafter "Landlord") to obtain credit information, criminal history and related information regarding the applicant(s) for the purpose of determining whether or not to enter into a lease with the applicant(s) understand that Landlord shall have a continuing right to review applicant's credit information, rental application, payment history, occupancy history, criminal background history and related information for account review purposes and for improving application methods. Applicant(s) hereby declares that all information provided on this Rental Application is complete, true, and correct to the best of his/her/their knowledge. Applicant(s) hereby authorizes the owner, manager, or his/her/their agent (hereinafter "Landlord") to verify any information at any time contained in this application, including but not limited to, verification of current residency and employment. This application is for preliminary screening use only and does not obligate Landlord to execute a rental agreement or deliver possession of the premises. Applicant(s) further acknowledges that any false or fraudulent information contained herein will void this application and terminate any rental agreement.													
Applicant Signatur X	re	Date		Co Applicant S X	lignature			Date					
Management Representative Signature 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. Management is committed to comply with all federal, state and local fair housing and equal housing opportunities laws.

EDUAL HOUSING

8/23/2021