ADMIN USE: COMMUNITY	LOT#	APP FEE \$	CHK/MO#

MANAGEMENT RENTAL APPLICATION

Applicant Name:	APPLICANT		CO-APPLICANT						
Home Phone:   Cell Phone:   Home Phone:   Cell Phone:	Applicant Name:		Co-Applicant Name:						
E-Mail:    Driver's Lic. No_/State:   Student:YesNo	Social Sec. No:		Dat	e of Birth:	Social Sec. No:		Date of Birth:		
Driver's Lic. No./State:   Student:	Home Phone:		Cell	Phone:	Home Phone:		Cell Phone:		
Yehicle Make/Model/Year/Tag #:   Vehicle Make/Model/Year/Tag #:	E-Mail:			A CONTRACTOR OF THE CONTRACTOR	E-Mail:				
Provide Addresses for Prior 24 Months  Current Address (street, city, state, zip code)  Street  City	Driver's Lic. No./S	tate:		87701	Driver's Lic. No./State				
Current Address (street, city, state, zip code) Street City	Vehicle Make/Mo	del/Year/Tag #:			Vehicle Make/Model/Year/Tag #:				
Current Address (street, city, state, zip code)  Street  City State Zip Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$ Landlord: Tel: Landlord: Tel: Landlord: Street  City State Zip Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$ Landlord: Tel: Landlord: Tel: Landlord: Tel: Landlord: Tel: City State Zip Own Rent M/I Date: Lease Expires: City Street  City State Zip Own Rent M/I Date: Lease Expires: City State Zip Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$ Tel: City State Zip Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$ Tel: Former Landlord: Tel: Tel: Former Landlord: Tel: Dete of Birth: Date of Birth: Date of Birth:  Name: Relationship: Social Sec. No.: Date of Birth: Date of Birth:  Pet: Yes No Breed: How Many: 1 or 2 Size: Indoor or Outdoor  APPLICANT EMPLOYMENT INFORMATION  Name & Phone # of Employer:  Self Employed Self Employed: Monthly Income: Self Employed: Self Employed: Monthly Income: Self Employed: Self Employed: Monthly Income: Self Emp	Provide	Addresses for	Pri	or 24 Months	Provide A	ddresses fo	Prior 24 M	lonths	
Street									
City State Zip Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$ Rent/Mor			_			5			
Own Rent M/I Date: Lease Expires: Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$					1				
Rent/Mort. Amt \$ _									
Landlord: Tel.:   Landlord: Tel.:   Previous Address (street, city, state, zip code)   Previous Address (street, city, state, zip code)	•		Leas	e Expires:			ease Expires:		
Previous Address (street, city, state, zip code)   Street	-				1 '				
Street									
City State Zip City State Zip Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$ Tel.: Tel.: Rent/Mort. Amt \$ Tel.:	Previous Address	(street, city, state	zip o	code)	Previous Address (stre	eet, city, state, :	ip code)		
Own Rent M/I Date: Lease Expires: Own Rent M/I Date: Lease Expires: Rent/Mort. Amt \$									
Rent/Mort. Amt \$ Former Landlord: Tel.: Tel.: Former Landlord: Tel.: Te									
Person(s) occupying home in addition to applicants:   Name:	Own Rent M/II	Date:	Leas	e Expires:	•				
Person(s) occupying home in addition to applicants:  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 Breed: How Many: 1 or 2 Size: Indoor or Outdoor  APPLICANT EMPLOYMENT INFORMATION CO-APPLICANT EMPLOYMENT INFO  Name & Phone # of Employer: Time at this job: years mos Monthly Income: \$  Self Employed  Position/Title/Type of Business: Personel Phone: Position/Title/Type of Business: Personel Phone:  If employed in current position for less than TWO YEARS or if currently employed in more than one position. complete the following.  Name & Phone # of Employer: Date (from-to): Self Employed  Monthly Income: \$  Monthly Income: \$  Monthly Income: \$  Self Employed  Monthly Income: \$  Monthly Income: \$  Monthly Income: \$  Self Employed  Monthly Income: \$  Monthly Income: \$  Self Employed	Rent/Mort. Amt \$		Rent/Mort. Amt \$						
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Name: Relationship: Social Sec. No.: Date of Birth:  Name: Relationship: Social Sec. No.: Date of Birth:  Pet: Yes No Breed: How Many: 1 or 2 Size: Indoor or Outdoor  APPLICANT EMPLOYMENT INFORMATION  Name & Phone # of Employer: Time at this job: years mos Monthly Income:  Self Employed  Position/Title/Type of Business: Personnel Phone: Position/Title/Type of Business: Personnel Phone:  If employed in current position for less than TWO YEARS or if currently employed in more than one position, complete the following.  Name & Phone # of Employer: Date (from-to):  Self Employed  Monthly Income: \$  Self Employed	Person(s) occup	ying home in add	ition	to applicants:					
Name:  Relationship:  Social Sec. No.:  Date of Birth:  Pet: Yes No Breed: How Many: 1 or 2 Size: Indoor or Outdoor  APPLICANT EMPLOYMENT INFORMATION  Name & Phone # of Employer:  Time at this job: yearsmos Monthly Income: \$ Self Employed  Position/Title/Type of Business: Personnel Phone:  If employed in current position for less than TWO YEARS 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):  Self Employed  Monthly Income: \$ \$ Self Employed  Monthly Income: \$ \$ Self Employed  Monthly Income: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Name:		R	elationship:	Social Sec. No.:		Date of Birt	h:	
Pet: Yes No Breed: How Many: 1 or 2 Size: Indoor or Outdoor  APPLICANT EMPLOYMENT INFORMATION  Name & Phone # of Employer: Time at this job:yearsmos	Name:		R	elationship:	Social Sec. No.: Date of		Date of Birt	h:	
APPLICANT EMPLOYMENT INFORMATION  Name & Phone # of Employer:    Time at this job:	Name:		R	elationship:	Social Sec. No.: Date of Birth:		h:		
Name & Phone # of Employer:    Time at this job:				<u> </u>				or	
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	Self Employed		Mo	onthly Income:	Self Employed Monthly		Monthly Incom	ne:	
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l l	Position/Title/Ty	pe of Business:	Pe	rsonnel Phone:	Position/Title/Type of	f Business:	Personnel Pho	ne:	

Other Monthly Income	Applicant Co-Applicant		Total					
		1						
				+				
Total	\$	\$		\$				
* Self Employed Applicant(s) may be	required to provide additional doc	ımentation such as t	tax returns and finar		ments.			
	HOME INE	ORMATION						
VIN #:	Year:	Make:		Model:				
Cash Deal \$	Financed Amt: \$		Mo. Paymt Amt	\$				
		L						
IN CASE OF EMERGENCY: (Please include one local contact)								
Name:	Address:		Tel #:	Relation:				
Name:	Address:		Tel #: Relation		Relation:	•		
Availe.	Tiddi ooo		101	Relation.				
I hereby give consent to contact the			tion.		ļ	INITIALS		
	DECLAR	ATIONS		1.				
				pplicant	t Co-A	Applicant s No		
Are you a co-maker or endorser	Are you a co-maker or endorser on a note?							
Will you occupy the property as y			1			<u></u>		
· · · · · · · · · · · · · · · · · · ·	, <u></u>							
You may use the space below to p	orovide any additional informati	on vou feel is relev	vant to vour annlic	ation				
Tournay use the space below to	or ovide any additional informati	on you reer is refer	vanie to your applie	acion.		×		
	ACKNOWLEDGEME	NT AND AGREEM	ENT	Martin Martin State Control				
It is understood that the application-	processing fee is not refundable, ex	ept as provided by a	applicable law.					
Applicant(s) hereby consent to allow	-			ain 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). 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.								
further acknowledges that any false of	or traudulent information contained	nerein will void this	s application and ter	minate ar	ıy rental agre	ement.		
Applicant Signature	Date	Co Applicant Sig	gnature			Date		
X		X						
Management Representative Sign	ature	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.

ESUAL HOUSING

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

8/23/2021