Agent's Name-	
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THE RENTING AGENT IS AN INDEPENDENT CONTRACTOR AND HAS NO AUTHORITY TO MAKE ANY REPRESENTATIONS CONCERNING THE PREMISES OR THE LANDLORD; THE RENTING AGENT IS ONLY AUTHORIZED TO SHOW THE APARTMENT FOR RENT.

APPLICANT MUST COMPLETE ENTIRE APPLICATION INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

	Date of Birth	SSN	
		Marthly Dant	
		Monthly Rent	
	Till refiled in your flame? Ye		
		Home Number	
		Zip_	
	City & State	Zip	
cupancy If rented, is	the unit rented in your name?	Yes \( \)No	
		Home Number	
	City & State_	 Zip	
Addres	SS	Phone Number	
Hire Date		Weekly Gross Salary	
Addre	ess	Phone Number	
		Weekly Gross Salary	
		Amount (per month)	
Plate #		State	
	ss	Program	
		ne Can you have a VES ONO	
Apt #	City & State	Ant Cina	
		<u>—</u>	
		Monthly Rent	
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rom		Security Deposit	
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## REFERENCE: (PREFERABLY LOCAL) Phone Number Address **CONTACTS:** Phone Number Address **Emergency Contact: (if different from above)** Phone Number Name Address How did you hear about us? Have you declared bankruptcy in the past seven (7) years? YES $\bigcirc$ NO ○ NO Have you ever been evicted from a rental residence? YES $\bigcirc$ NO ○ NO Have you ever willfully or intentionally refused to pay rent? This is an application form. The applicant understands that all information will be verified and credit bureau reports completed, of which the contents will be shared with the Landlord. Until the landlord has approved the application, no tenancy has been created and you have no rights to this Landlord. The rental agent has no power to make any representations as to whether or not this application has been accepted or denied by the Landlord. If denied, applicant's sole remedy shall be the return of any deposit made hereunder. Any person signing on behalf of an applicant warrants and represents that said person has the authority to sign on behalf of such applicant. Any deposit hereunder shall be deemed made by such applicant regardless of whether the applicant personally signs or through a representative and such by signing in such capacity waives all rights to such deposit. The undersigned warrants and represents that all statements contained in this application are true, and recognized that the landlord will execute a lease in reliance upon the truthfulness thereof. Applicant agrees to execute a Standard Apartment Lease, as from time to time revised, and on the terms and conditions contained herein. Any deposit made by applicant, up to one month's rent, may be retained by Landlord as liquidated damages for failure of applicant to execute such Lease, make any payment hereunder, or if such Lease is terminated prior to occupancy for the untruth of any statement contained herein. The above information, to the best of my knowledge, is true and correct. Signed By Date Signature **AUTHORIZATION** Release of Information an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner/

manager. I authorize the checking of all the above.

Signature

ALL APPLICATIONS MUST BE SIGNED AND COMPLETE OR THEY CANNOT BE PROCESSED

Signed By

Date