



# APPLICATION FOR APARTMENT

FULL NAME	SOC. SEC. NO.	TELEPHONE # (    )	CELL # (    )	DATE OF BIRTH
PRESENT STREET ADDRESS	CITY	STATE	ZIP	EMAIL

HOW LONG AT PRESENT ADDRESS?	LEASE? <input type="radio"/> YES <input type="radio"/> NO	DATE OF LEASE EXPIRATION	MONTHLY RENT \$	# OF ROOMS
PRESENT LANDLORD'S NAME	PRESENT LANDLORD'S ADDRESS	LANDLORD'S TELEPHONE # (    )		
REASON FOR LEAVING				
PREVIOUS ADDRESS	HOW LONG AT PREVIOUS ADDRESS:	MONTHLY RENT \$		
PREVIOUS LANDLORD'S NAME	PREVIOUS LANDLORD'S ADDRESS	PREVIOUS LANDLORD'S TELEPHONE # (    )		

EMPLOYER	HOW LONG EMPLOYED?	EMPLOYER'S TELEPHONE # (    )
BUSINESS ADDRESS	JOB TITLE	
SALARY \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
PREVIOUS EMPLOYER	HOW LONG EMPLOYED?	PREVIOUS EMPLOYER'S TELEPHONE # (    )
PREVIOUS EMPLOYER'S BUSINESS ADDRESS		
SALARY \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
OTHER INCOME \$	<input type="radio"/> WEEK <input type="radio"/> MONTH <input type="radio"/> YEAR	VERIFICATION CONTACT

**PERSONS TO OCCUPY APARTMENT**  
(All occupants 18 and older must complete and sign an application.)

1. NAME	DOB	3. NAME	DOB
2. NAME	DOB	4. NAME	DOB

REMARKS (INCLUDING APARTMENT PREFERENCE AND DATE DESIRED)

DO YOU HAVE A PET? <input type="radio"/> YES <input type="radio"/> NO	DESCRIPTION	HOW DID YOU HEAR ABOUT US?
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YEAR AND MAKE OF VEHICLE	VEHICLE LICENSE #	STATE
YEAR AND MAKE OF SECOND VEHICLE	VEHICLE LICENSE #	STATE
EMERGENCY CONTACT	RELATIONSHIP	
ADDRESS	TELEPHONE # (    )	

**PLEASE READ CAREFULLY BEFORE SIGNING**

Applicant represents that the information set forth on this application is true and complete. Applicant authorizes verification of any information contained in this application and verification of credit history and criminal history from a consumer reporting agency. The deposits paid are not refundable if this application is approved following verification.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)



**PLEASE DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY**

**AMOUNT RECEIVED**

Security Deposit      \$ \_\_\_\_\_ or None

Rent      \_\_\_\_\_

Application Fee      \_\_\_\_\_

Redecorating Fee      \_\_\_\_\_

Other: \_\_\_\_\_

Total      \$ \_\_\_\_\_

Apartment Rent \$	Apartment Type	Apartment Number	Account Number
Additional Rent \$	Security Deposit \$	Years Previously Occupied	Date Available
Term	From	To	Occupancy Date
<input type="radio"/> Furnished <input type="radio"/> Unfurnished	Rental Agent	Date	
<input type="radio"/> Approved <input type="radio"/> Disapproved	By Whom	Date	