

Rental Application

For Management Use Only	
Date Needed: _____	Apt. No: _____
Rent: \$ _____	Apt. Type.: _____
Adjustment: \$ _____	Agent: _____
Total Amount Received: \$ _____	

Each co-resident and each occupant over 18 must submit a separate application. Spouses may submit a joint application.

Applicants Last Name First Middle		Social Security #	Date of Birth
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License # and State
Spouse's Last Name First Middle		Spouse's Drivers License #	Social Security # Date of Birth
Other Occupants or Co-Applicant			
Name		Relationship	Social Security # Date of Birth
Name		Relationship	Social Security # Date of Birth
Name		Relationship	Social Security # Date of Birth
Name		Relationship	Social Security # Date of Birth
Name		Relationship	Social Security # Date of Birth
RESIDENCY INFORMATION			
Present Address City State Zip			
<input type="checkbox"/> Rent <input type="checkbox"/> Own Years at Present Address?	Reason for Moving?	Daytime Phone Number	Home Phone Number e-mail Address
Name & Address of Present Landlord or Mortgage Company		Phone Number	Monthly Payment
Previous Address, if less than 12 months at Present Address City State Zip			
Name & Address of Previous Landlord		Phone Number	Years at Previous Address?
EMPLOYMENT/INCOME INFORMATION			
Present Employer *		Supervisors Name	How Long Employed?
Business Address		Phone Number	Position/Title Salary or Hourly Rate
<small>* If self-employed, we must be furnished with the most current annual tax return and a notarized statement from your CPA or attorney in directing the amount of annual income you expect to receive.</small>			
Previous Employer, if less than 12 months with Present Employer		Supervisors Name	How Long Employed?
Business Address		Phone Number	Position/Title Salary or Hourly Rate
Spouse's Employer		Supervisors Name	How Long Employed?
Spouse's Business Address		Phone Number	Position/Title Salary or Hourly Rate
Other Sources of Income: Enter Monthly Amount: Child Support \$ Social Security and/or and/or Alimony \$ SSI or Disability \$ Retirement Pension \$ Other \$ Describe:			
CREDIT/CRIMINAL INFORMATION			
Bank, Credit Union or Savings & Loan		City/State	Type of Account Account Number
Bank, Credit Union or Savings & Loan		City/State	Type of Account Account Number
Have you or any occupant listed on this application ever (check if "yes"): <input type="checkbox"/> Been evicted or been asked to move <input type="checkbox"/> Broken a rental agreement <input type="checkbox"/> Declared bankruptcy <input type="checkbox"/> Been sued for rent <input type="checkbox"/> Been sued for property damage <input type="checkbox"/> Been arrested for a felony, misdemeanor, or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion. **			
** Please indicate the type of each felony, misdemeanor, and sex-related crime other than those resolved by dismissal or acquittal.			
MISCELLANEOUS INFORMATION			
Do you have Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?	Type/Breed/ Weight/Age	Do you require a Handicapped Accessible Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of vehicles to be parked in community?		Do you have any RV's, Boats, Motorcycles, or Commercial Vehicles? If so specify:	If available, will you be interested in renting a <input type="checkbox"/> Storage Unit <input type="checkbox"/> Garage/Carport
Vehicle Type (Make/Model/Year)		Color	License Number State

Vehicle Type (Make/Model/Year)		Color	License Number	State
EMERGENCY INFORMATION				
Emergency Contact Name		Address		Phone Number
Nearest Relative not Living with You Name		Relationship	Address	
Phone Number				
Do you carry renter's insurance? [] Yes [] No	Carrier	Agent	Phone Number	

Applicant has submitted a non-refundable **APPLICATION AND PROCESSING FEE** of \$_____, plus an additional \$50 for each additional adult occupant 18 years of age and older. This fee will be utilized by management to cover the costs for the credit and background check, verification of application information, and modified marketing efforts of the apartment unit. All fees will be forfeited by Applicant if they choose to cancel this application. If the application is denied by Management all but \$50 (per adult) of the Application and Processing Fee will be refunded to the Applicant.

Applicant hereby deposits \$_____ with Management as a **GOOD FAITH DEPOSIT** in connection with this rental application. If the application is accepted, this deposit will be applied toward payment of the Security Deposit of \$_____ when Applicant takes possession of the apartment. If for any reason Management decides to decline the application, Management will refund this Good Faith Deposit to the Applicant in full. Applicant may cancel this application by written notice within 72 hours and receive a full refund of this Good Faith Deposit within 30 days of the cancellation. If the Applicant cancels the application after 72 hours, or refuses to occupy the premises on the agreed upon date, Applicant understands this Good Faith Deposit will be held until Management can determine if it has incurred any expenses or rent loss due to the cancellation. These costs will be deducted from the Good Faith Deposit and the balance will be refunded to the Applicant.

The undersigned warrants and represents the information on this Application to be true and correct. All persons and firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information. The undersigned authorizes Fickling & Company to release all information contained in this Application on behalf and for the benefit of the undersigned. I understand that Fickling & Company may obtain a background report, including information as to my credit and criminal history, in connection with my Application and that my Application may be rejected based on information contained in the reports.

Applicants Signature _____ Date _____

Spouse's Signature _____ Date _____

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.

The Fair Housing Act of 1988 makes discrimination based on race, color, religion, sex, familial status, handicap or national origin illegal in connection with rental housing.

The Federal agency which administers compliance with this law concerning this company: Department of Housing and Urban Development, Washington, D.C. 20410

The Federal Equal Credit Opportunity act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this company: Equal Credit Opportunity, Federal Trade Commission, Washington, D.C. 20580

This Section for Management Use Only

Residency Information	
Company Providing Information: _____ Spoke to: _____ Date: _____ Payment History 1) Ever Been Late: [] No [] Yes, explain: _____ 2) Ever a NSF: [] No [] Yes, explain: _____ 3) Current Balance _____ Tenure Complaints 1) M/I Date: _____ 1) Noise: [] Yes [] No 2) M/O Date: _____ 2) Pets: [] Yes [] No 3) Proper Notice: [] Yes [] No 3) Housekeeping: [] Yes [] No 4) Deposit Refunded: [] Yes [] No 4) Other: _____	Company Providing Information: _____ Spoke to: _____ Date: _____ Payment History 1) Ever Been Late: [] No [] Yes, explain: _____ 2) Ever a NSF: [] No [] Yes, explain: _____ 3) Current Balance _____ Tenure Complaints 1) M/I Date: _____ 1) Noise: [] Yes [] No 2) M/O Date: _____ 2) Pets: [] Yes [] No 3) Proper Notice: [] Yes [] No 3) Housekeeping: [] Yes [] No 4) Deposit Refunded: [] Yes [] No 4) Other: _____
Employment/Income Information	
Name of Company: _____ Spoke to: _____ Date: _____ 1) How long employed: _____ 2) Salaried Employee: [] Yes [] No Annual Salary _____ 3) Hourly Employee: [] Yes [] No Hourly Rate _____ Average Hours Per Week: _____	Name of Company: _____ Spoke to: _____ Date: _____ 1) How long employed: _____ 2) Salaried Employee: [] Yes [] No Annual Salary _____ 3) Hourly Employee: [] Yes [] No Hourly Rate _____ Average Hours Per Week: _____
Additional Income Type/Source: _____ Spoke to: _____ Amount: \$ _____	Applicant's Verified Income \$ _____ / Mo. Spouse's Verified Income \$ _____ / Mo. Other Verified Income \$ _____ / Mo. TOTAL MONTHLY INCOME \$ _____ / Mo.
Application Approval	
This Application: Information Verified By _____ Date _____ [] APPROVED [] NOT APPROVED Manager _____ Date _____ How Notified _____ Applicant Notified By _____ _____ Date _____ If Application denied, was Applicant given the name and address of the person or reporting agency that verified the application? [] Yes [] No	
Reason for Application Denial <input type="checkbox"/> Unfavorable Credit Report <input type="checkbox"/> Unfavorable Criminal Report <input type="checkbox"/> Unfavorable Report from Previous Landlord <input type="checkbox"/> Unfavorable Employment References <input type="checkbox"/> Insufficient Income <input type="checkbox"/> Incorrect Information Submitted on Application <input type="checkbox"/> Other: _____	Money Delivered with Application Application & Processing Fee \$ _____ Good Faith Deposit \$ _____ Pet Fee: _____ \$ _____ Other _____ Fee: _____ \$ _____ Other _____ Deposit: _____ \$ _____ First Month Rent \$ _____ Total Received \$ _____