

APPLICANT CREDIT INFORMATION: FOR THE PURPOSE OF PROCURING AN APARTMENT. THE UNDERSIGNED REPRESENTS THE INFORMATION BELOW TO BE TRUE AND ACCURATE AS OF THE DATE GIVEN BELOW. I AUTHORIZE AMRENT OR THE OWNER TO VERIFY ALL THE INFORMATION GIVEN AND TO USE SAME ONLY IN RELATION TO THE PROPOSED APARTMENT LEASE.

IMPORTANT: THIS APPLICATION MUST BE COMPLETED BEFORE IT CAN BE PROCESSED. (ACCOUNT AND PHONE NUMBERS ARE ESSENTIAL.)

PLEASE PRINT CLEARLY WITH BLACK INK

PLEASE INSERT NA FOR ITEMS THAT DO NOT APPLY

NAME LAST		<input type="checkbox"/> JR <input type="checkbox"/> SR	FIRST	MI	<input type="checkbox"/> SINGLE OCC. <input type="checkbox"/> COSIGNER	<input type="checkbox"/> ROOMMATE <input type="checkbox"/> COUPLE
BIRTH DATE	SOCIAL SECURITY NUMBER		HOME PHONE ()		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE
SPOUSE'S NAME LAST (MAIDEN)	FIRST	BIRTH DATE	SOCIAL SECURITY NUMBER		WORK PHONE ()	
PRESENT STREET ADDRESS			CITY	STATE	ZIP	<input type="checkbox"/> APT RENTER <input type="checkbox"/> FRIEND OR FAMILY
PRESENT LANDLORD OR MANAGER/APT NAME			APT #	RENT \$	PHONE NUMBER OF LANDLORD ()	MONTHS THERE
REASON FOR MOVING <input type="checkbox"/> JOB RELATED <input type="checkbox"/> BETTER MAINTENANCE <input type="checkbox"/> BETTER NEIGHBORHOOD <input type="checkbox"/> SEPARATION FROM SPOUSE <input type="checkbox"/> LOWER RENT <input type="checkbox"/> 1ST TIME RENTER <input type="checkbox"/> OTHER					HAS PROPER NOTICE BEEN GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS STREET ADDRESS			CITY	STATE	ZIP	<input type="checkbox"/> APT. RENTER <input type="checkbox"/> FRIEND OR FAMILY
PREVIOUS LANDLORD OR MANAGER/APT NAME			APT #	RENT \$	PHONE NUMBER OF LANDLORD ()	MONTHS THERE
REASON FOR MOVING <input type="checkbox"/> JOB RELATED <input type="checkbox"/> BETTER MAINTENANCE <input type="checkbox"/> BETTER NEIGHBORHOOD <input type="checkbox"/> SEPARATION FROM SPOUSE <input type="checkbox"/> LOWER RENT <input type="checkbox"/> 1ST TIME RENTER <input type="checkbox"/> OTHER					WAS PROPER NOTICE GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> RETIRED	<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT	EMPLOYER/BUSINESS NAME		STREET ADDRESS		CITY STATE ZIP
POSITION	MONTHS THERE	GROSS MO. SALARY \$	PHONE ()		SUPERVISOR PHONE OR EXT. _____	
PREVIOUS EMPLOYER IF PRESENT IS LESS THAN 1 YEAR		CITY	PHONE ()		POSITION	
SPOUSE'S EMPLOYER			STREET ADDRESS		CITY	STATE ZIP
POSITION	MONTHS THERE	GROSS MO. SALARY \$	PHONE ()		SUPERVISOR PHONE OR EXT. _____	
ADDITIONAL MONTHLY INCOME \$	EMPLOYER OR SOURCE		PHONE ()		POSITION	
SELF EMPLOYED NATURE OF BUSINESS	REFERENCE #1	PHONE ()		REFERENCE #2	PHONE ()	
MORTGAGE COMPANY			PHONE NO OF MORTGAGE CO ()		ACCOUNT NUMBER	
WILL APPLICANT BE OCCUPYING THE APARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						
ARE YOU A COLLEGE GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GRADUATED	COLLEGE				
HOW DID YOU LEARN ABOUT THIS APARTMENT <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> RENTAL AGENCY & NAME <input type="checkbox"/> DRIVE BY <input type="checkbox"/> APARTMENT DIRECTORY/GUIDE <input type="checkbox"/> FRIEND/RESIDENT <input type="checkbox"/> OTHER						
BANK	BRANCH	SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNT NUMBER		CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNT NUMBER
NUMBER OF OTHERS SHARING OCCUPANCY	NAME NAME			RELATION RELATION		
PARENT OR NEAREST RELATIVE	ADDRESS	CITY	STATE	ZIP	PHONE ()	RELATION
PERSONAL REFERENCE/NAME	ADDRESS	CITY	STATE	ZIP	PHONE ()	RELATION
MAKE OF AUTOMOBILE (1)	(2)	YEAR (1)	(2)	LICENSE PLATE (1)	(2)	YEAR (1) (2)
*TAX FORMS REQUIRED						
FOR OFFICE USE ONLY						
MANAGEMENT COMPANY	PROPERTY NAME		LEASING AGENT NAME		APPLICATION DATE	
APARTMENT APPLIED FOR	RENT ON APARTMENT APPLIED FOR \$	MOVE IN DATE / /		APARTMENT SIZE <input type="checkbox"/> 1 BDR <input type="checkbox"/> 2 BDR <input type="checkbox"/> STUDIO/EFFICIENCY <input type="checkbox"/> OTHER		
LIST COSIGNER OR ROOMMATE			<input type="checkbox"/> COSIGNER <input type="checkbox"/> ROOMMATE			
NAME			<input type="checkbox"/> COSIGNER <input type="checkbox"/> ROOMMATE			
NAME			<input type="checkbox"/> COSIGNER <input type="checkbox"/> ROOMMATE			
NAME			<input type="checkbox"/> COSIGNER <input type="checkbox"/> ROOMMATE			

THE APPLICATION FEE IS NON-REFUNDABLE.

THE DEPOSIT OF \$ _____ IS AN APPLICATION DEPOSIT WHICH BECOMES A "SECURITY DEPOSIT" AFTER THE APPLICANT SIGNS THE LEASE. IF THE APPLICANT CANCELS AFTER BEING NOTIFIED OF APPROVAL, BY THE OWNER OR OWNER'S AGENT, OR THE APPLICANT FAILS TO SIGN THE LEASE ON OR BEFORE THE AGREED MOVE IN DATE, THE APPLICATION DEPOSIT WILL BE RETAINED BY OWNER AS LIQUIDATED DAMAGES AND THERE WILL BE NO FURTHER OBLIGATION BY EITHER PARTY.

1. Have you or your spouse ever been evicted or terminated your lease with out proper notice? ___ Yes ___ No
2. Have you ever been convicted of a "felony"? ___ Yes ___ No
3. Are you aware that falsification of information on this application is grounds for declining application and retaining the deposit? ___ Yes ___ No

Signature of resident _____ Date _____

Signature of resident's spouse? _____ Date _____

Driver's license # _____ Spouse's driver's license # _____