

RENTAL APPLICATION AND RESERVATION AGREEMENT

Each Co-Resident Must Submit a Separate Application

Address of Property You Would Like to Rent	Desired Move-in Date	Application Date	Leasing Agent
Applicant's Name (Last, First, Middle)	Birth date (MM-DD-YY)	Social Security #	
Second Applicant's Name (Last, First, Middle)	Birth date (MM-DD-YY)	Social Security #	
Names and Ages of Other Occupants Under Age 18	Daytime Phone Number	Evening Phone Number	

Present Address	Apt #	City	State	Zip
Home Phone	Rent Amount	Move-in Date	Own ____ Rent ____ House ____ Apartment ____	
Manager or Landlord:		Phone Number (Including Area Code)		
Previous Address	Apt #	City	State	Zip
Home Phone	Rent Amount	Move-in Date	Own ____ Rent ____ House ____ Apartment ____	
Manager or Landlord:		Phone Number (Including Area Code)		

Present Employer	Phone	Supervisor	Monthly Gross Income
Address	City, State, Zip		Position How Long?
Previous Employer (if less than 2 years)	Phone	Supervisor	Monthly Gross Income
Address	City, State, Zip		Position How Long?
Additional Income you wish considered – Source			Monthly Amount

Second Applicant's Present Employer	Phone	Supervisor	Monthly Gross Income
Address	City, State, Zip		Position How Long?
Previous Employer (if less than 2 years)	Phone	Supervisor	Monthly Gross Income
Address	City, State, Zip		Position How Long?
Additional Income you wish considered – Source			Monthly Amount

In Case of Emergency Contact:	Work Phone	Home Phone	Cell Phone
Have you or your spouse ever been evicted or broken a rental agreement?	Please list dates, locations and amounts		
Will you or the other occupants have a pet	Type	Weight	Age Breed
Have you or your spouse ever been convicted of a crime?	Why are you leaving your present residence?		

TO PROCESS YOUR APPLICATION VIA CREDIT CARD PLEASE COMPLETE THE INFORMATION BELOW:

Credit Card Type: _____ Credit Card Number: _____ Expiration Date: _____

Name as Shown on Credit Card: _____ Last 3 Digits on Back of Card: _____

RESERVATION DEPOSIT SHALL BE RETAINED AS LIQUIDATED DAMAGES IF APPLICANT CANCELS RESERVATION

The undersigned persons represent that all of the above statements are true and complete and hereby authorize verification of such Information. False information shall entitle owner to (1) Reject this application, (2) Retain application fee and deposit for owner's time and expense for processing this application, and (3) Terminate resident's right of occupancy. Authorization is hereby given to contact all persons provided. Applicant authorizes owner to access a credit report for credit evaluation and screen for any criminal history. This application is not a lease agreement or a contract and is subject to approval by Age for Owner. Reservation deposit will be applied to fees and deposits required upon execution of lease agreement. Application fee is non-refundable.

Signature of Applicant _____ Date _____

Signature of Applicant's Spouse _____ Date _____