



CO-SIGNER APPLICANT INFORMATION

Name of Applicant: _____ Social Security No.: _____
Relationship to Applicant: _____
Driver's License Number: _____ Email: _____
Work Phone: _____ Mobile Phone: _____
Present Address: _____
How long? _____ Lease: _____ YES _____ NO
Lease Expiration Date: _____ Monthly Payment: _____
Landlord's Name: _____ Landlord's Phone No.: _____
Previous Address: _____

APPLICANT INFORMATION

Name of Applicant: _____ Applying for Apartment: _____

EMPLOYMENT INFORMATION

Current Employer (Company Name): _____
Employer's Address _____
Phone No.: _____ Supervisor's Name: _____
Position/Title: _____ FT _____ PT _____
Employment Dates: _____
Salary \$ _____ Hourly _____ Gross Weekly _____ Gross Salary _____

Previous Employer (Company Name): _____
Employer's Address _____
Phone No.: _____ Supervisor's Name: _____
Position/Title: _____ FT _____ PT _____
Employment Dates: _____
Salary \$ _____ Hourly _____ Gross Weekly _____ Gross Salary _____



EMPLOYMENT INFORMATION - Continued

Other Income: If yes, Source _____

Amount \$ _____ Verification Contact: _____

***In addition to completing the above-listed information, please provide a copy of co-signer’s proof of income together with the signed co-signer application. (Ex.: Two most recent paystubs from current employer)**

Criminal Background Information

Do you (or any potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?

Applicant: ___Y ___N Occupants: ___Y ___N

Have you (or any potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of “guilty” or “no contest” to any criminal offense; or had any criminal matter disposed of in a manner other than acquittal or a finding of “not guilty”?

Applicant: ___Y ___N Occupants: ___Y ___N

If “Yes” to any of the above questions, give details and dates, including the county and state in which the incident occurred:

Co-Signer Applicant Signature

Date

I certify that all information provided on this application is true and complete. My signature above authorizes permission to verify any of the information contained in this application and verification of credit and criminal history from a consumer-reporting agency throughout the duration of the Lease Agreement and subsequent Renewals.

The Last Month’s Rent paid is *not refundable* if this Application is approved following verification

APPLICATION FOR APARTMENT
CO-SIGNER APPLICANT



FOR PROPERTY USE ONLY
(Applicants do not have to complete this section)

Account No.: _____

CO-SIGNER APPLICANT INFORMATION

Name of Co-Signer Applicant: _____ Social Security No.: _____

Phone: _____ Email: _____

Present Address: _____

All fields are required to be completed by the Property Manager/Leasing Consultant prior to submitting the application to the DHM Corporate Office

Application Fee: \$ _____ Name of Community: _____
(nonrefundable)

Last Month's Rent: \$ _____ Apartment Address: _____

Pro-Rated Rent: \$ _____ Apt/Unit No.: _____

Monthly Apartment Rent: \$ _____ Account No.: _____

Nonrefundable Fee(s): \$ _____ Unit Style: _____

Nonrefundable Pet Fee(s): \$ _____ Lease Dates: _____ - _____
Start Date End Date

Monthly Pet Fee: \$ _____

Other: \$ _____ Other Fees: _____

Total Amount Due: \$ _____ Leasing Consultant: _____

Amount Received *(w/ Application)* \$ _____ Application Date: _____

Balance Due: *(at Move-In)* \$ _____ Move-In Date: _____

Application was: _____ Approved _____ Denied Reason: _____

Fair Credit Letter Sent: _____ Date Sent: _____

Property Manager/Leasing Consultant: _____ Date: _____
Signature

On-Site Transfer Information: Previous Apartment No.: _____ Account No.: _____