

APPLICATION FOR APARTMENT



Please select the Apartment Community you are applying for: _____

How did you hear about us? _____

APPLICANT INFORMATION

Name of Applicant: _____ Social Security No.: _____

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: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

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 providing the above-listed information, please provide a copy of applicant's proof of income together with the signed application. (Ex.: Two most recent pay stubs from current employer)

Motor Vehicles Information

Table with 5 columns: Make/Model, Year, Color, License Plate #, State. Rows 1, 2, 3.

Pet Information – Certain Restrictions Apply – All Animals Require Manager Consent

Type: _____ Weight _____ Description _____

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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:

Student Information (For Fairview Apartments)

Institution Enrolled: _____ Receiving Financial Aid/Student Loans: ___Y___N

*If Applicant answers YES to receiving Financial Aid/Student Loans on this application, please provide a copy of aid/loan acceptance.

Financial Aid/Student Loan Amount: \$ _____ Semester _____ Year _____

Program: _____ Expected Graduation: _____

List of Occupants, including Applicant (All Occupants over 18 of age must complete an application)

1. _____ 3. _____

2. _____ 4. _____

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