

MONTROSE SQUARE APARTMENTS RESIDENTIAL RENTAL APPLICATION

FULL NAME OF APPLICANT		DATE OF BIRTH		FULL NAME OF CO-APPLICANT		DATE OF BIRTH											
SOCIAL SECURITY #		DRIVER'S OR ID #		SOCIAL SECURITY #		DRIVER'S OR ID #											
CURRENT ADDRESS			CITY			CURRENT ADDRESS			CITY								
STATE			ZIP			HOME PHONE NUMBER			STATE			ZIP			HOME PHONE NUMBER		
MOVE-IN DATE			MOVE-OUT DATE			MONTHLY RENT			MOVE-IN DATE			MOVE-OUT DATE			MONTHLY RENT		
NAME/MANAGER				PHONE NUMBER				NAME/MANAGER				PHONE NUMBER					

PREVIOUS ADDRESS				CITY				STATE				ZIP							
MOVE-IN DATE				MOVE-OUT DATE				MONTHLY RENT				NAME/MANAGER				PHONE NUMBER			
PREVIOUS ADDRESS				CITY				STATE				ZIP							
MOVE-IN DATE				MOVE-OUT DATE				MONTHLY RENT				NAME/MANAGER				PHONE NUMBER			

CURRENT EMPLOYER				ADDRESS				CURRENT EMPLOYER				ADDRESS			
JOB TITLE				LENGTH OF EMPLOY				JOB TITLE				LENGTH OF EMPLOY			
WORK PHONE				MONTHLY GROSS PAY				WORK PHONE				MONTHLY GROSS PAY			
SUPERVISOR'S NAME				PHONE NUMBER				SUPERVISOR'S NAME				PHONE NUMBER			
PREVIOUS EMPLOYER				ADDRESS				PREVIOUS EMPLOYER				ADDRESS			
JOB TITLE				LENGTH OF EMPLOY				JOB TITLE				LENGTH OF EMPLOY			
WORK PHONE				MONTHLY GROSS PAY				WORK PHONE				MONTHLY GROSS PAY			
SUPERVISOR'S NAME				PHONE NUMBER				SUPERVISOR'S NAME				PHONE NUMBER			

OTHER INCOME TO BE CONSIDERED		AMOUNT OF INCOME		OTHER INCOME TO BE CONSIDERED		AMOUNT OF INCOME	
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EMERGENCY INFORMATION			
NAME	RELATIONSHIP	PHONE NUMBER	WORK PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER	WORK PHONE NUMBER

In the event of serious injury or death of Applicant and or Co-Applicant, the above listed person(s) may ___ or may not ___ enter the apartment, remove and/or store all contents found in the apartment, adjoining areas and mailbox.

LIST ALL PERSONS UNDER 18 YEARS OF AGE WHO WILL BE OCCUPYING THE APARTMENT			
NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP

LIST ALL VEHICLES TO BE PARKED ON THE PREMISES									
TYPE & MAKE VEHICLE	COLOR	YEAR	LICENSE #	STATE	TYPE & MAKE VEHICLE	COLOR	YEAR	LICENSE #	STATE
TYPE & MAKE VEHICLE	COLOR	YEAR	LICENSE #	STATE	TYPE & MAKE VEHICLE	COLOR	YEAR	LICENSE #	STATE

PETS:			
BREED	WEIGHT	ARE SHOTS UP TO DATE	PET'S NAME
BREED	WEIGHT	ARE SHOTS UP TO DATE	PET'S NAME

- Has Applicant or Co-Applicant listed above ever
- A. Been evicted or asked to move out? Yes No
 - B. Broken a rental agreement or lease contract? Yes No
 - C. Declared bankruptcy? Yes No
 - D. Been sued for non-payment of rent? Yes No
 - E. Been sued for damages to a rental property? Yes No
 - F. Convicted of a felony? Yes No
 - G. Convicted Sex Offender? Yes No
- If any of the above answers are "yes", please explain. _____

You declare that all your statements on this application are true and complete. Landlord is authorized to verify such information by consumer reports, rental history, employment reports, criminal reports and other means, but is not required to make verifications or investigations. Failure to answer the above inquires or false information given above shall entitle Landlord to reject this application, retain application fee(s) and terminate resident's right of occupancy. Landlord reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by the undersigned. Such information may be reported at any time and may include both favorable or unfavorable information regarding the undersigned's compliance with the lease, rules and financial obligations. I understand that this is an application and does not constitute a lease agreement in whole.

I understand that my DEPOSIT may be applied toward any rent loss, advertising costs, re-rental fees, etc., if this application is approved and I am unable to fulfill the conditions of occupancy. I hereby acknowledge the non-refundable application fee is to be used in the processing of the application.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____