

**PANORAMA HEIGHTS  
RENTAL APPLICATION**

- Applicant**
- Co- Signer**

Date Requested: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Unit # \_\_\_\_\_ Lease Term \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Signer Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License #: \_\_\_\_\_ /State: \_\_\_\_\_ Home Telephone # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Occupants: Indicate the number of persons to occupy the apartment: (include yourself)

|    | Name  | Relationship | Social Security # | Driver's License/State | Birth date |
|----|-------|--------------|-------------------|------------------------|------------|
| 1. | _____ | _____        | _____             | _____                  | _____      |
| 2. | _____ | _____        | _____             | _____                  | _____      |
| 3. | _____ | _____        | _____             | _____                  | _____      |
| 4. | _____ | _____        | _____             | _____                  | _____      |
| 5. | _____ | _____        | _____             | _____                  | _____      |

**Residency:**

Current: Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Landlord or Mortgage Company: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous: Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Landlord or Mortgage Company: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been evicted or asked to terminate a lease? \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_

If so please explain: \_\_\_\_\_

**Employment:**

Current: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
Gross Monthly Salary: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Spouse: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
Gross Monthly Salary: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Previous: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
Gross Monthly Salary: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

**Financial:** Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

**Vehicle:** Number of Automobiles: \_\_\_\_\_ Motorcycles: \_\_\_\_\_ Recreational/Other \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

**Pets: If you have any pets please complete the following:**

Name of Pet: \_\_\_\_\_ Type of Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Size/Weight: \_\_\_\_\_

**Emergency:**

Person(s) to notify in case of emergency: (other than co-resident): Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work: \_\_\_\_\_

Applicant(s) hereby represent that all the above statements are true and correct and are made to induce Owner to lease or rent apartment and Applicant(s) hereby authorizes verification of references given, including bank account balances, employment and credit information. I (we) agree that I (we) have no right to occupy the apartment until the application is approved and a Rental or Lease Agreement is entered into. Any false statements made above shall be sufficient cause for Owner to cancel and terminate any agreement made with Applicants(s). Owner reserves the right to reject Applicant(s) Rental Application any time prior to executions and delivery of the Rental or Lease Agreement. In the event of rejection, any sums deposited less application fees will be refunded to Applicants. If Applicant(s) withdraws application prior to execution of Rental or Lease Agreement, the deposit/fee will be forfeited unless written cancellation is received within 72 hours from the date and time indicated below. If owner for any reason cannot deliver possession of the premises to Applicant(s) at the commencement of the term, all deposits/fees less applications fee paid to Owner shall be refunded to Applicant(s).

Applicant Signatures: \_\_\_\_\_

Office Phone #: 296-7555

Leasing Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Application Verification by: \_\_\_\_\_