

FOR OFFICE USE ONLY:

APPLICANT
CO-APPLICANT

GUARANTOR

WELCOME

Please read carefully each paragraph of this agreement. There is no fine print or deceptive language. We want you to have a clear understanding of what is offered to you and what we expect of you.

We will verify answers on the rental application so that we may give other residents reasonable assurance of good neighbors. We hope you see the benefits of this policy once you become one of our residents.

We respect your right for confidentiality in giving us this information and for privacy in living in your apartment. We will do our best to make your residency enjoyable and a pleasant experience. **Thank you for your application.**

RENTAL APPLICATION (all spaces must be filled in)

1.	Applicant's Name				Married	Single				
	Date of Birth	Present Phone No. Email address								
	Soc. Sec. No.	Арр	olicant's State Driver's	License No. or I.D. Type	State	Exp. Date				
2.	Information about others who will occupy the apartment (separate Application required for all adults except spouse.)									
	Name		F	Relationship		Date of Birth				
	·									
	•									
	d)									
3.	Will a pet of any type live in your apartment? \square Yes \square No (Management must view pet prior to application approval.)									
	Name	Age	Breed	Color	Weight	Licensed / Date				
	Name	Age	Breed	Color	Weight	Licensed / Date				
4.	Residence Information	ı: Ac	ldress Apt #	City / State	Zip Code	Amount of Rent				
	From / / to	/ /	Name of Landlord	L	andlord Phone					
	If less than two years at your present address, list previous addresses below:									
		Ac	ldress Apt #	City / State	Zip Code	Amount of Rent				
	Former Residence									
	From / / to	/ / to / / Name of Landlord		L	Landlord Phone					
5.	Applicant Employed B	y		Address						
	From / / to	/ /	Phone	Po	osition					
	Supervisor's Name			Gross Monthly Income						
	Other Source of Incom	ne for Renta	l Payment							
6.	Spouse's Name				Soc. Sec. No.					
	Date of Birth		Present Phone No.	Email a	 iddress					
	Spouse's State Driver'	s License N	o. or I.D. Type		State	Exp. Date				
7.	Spouse Employed By			Address						
	From / / to	/ /	Phone	Po	osition					
	Supervisor's Name			Gross Monthly Income						
8.	Have you or your spou	ise ever be	en evicted or asked to	terminate a lease? Yes	☐ No If yes, please	explain				





	d any criminal offens	your occupants ever been convicte se(s) disposed of other than by acc		_		
10.						
Vehicle	es you would like to	park on property				
Year:	Make:	Model:	Color:	Plate #:	State:	
Year:	Make:	Model:	Color:	Plate #:	State:	
11.						
Person		nsible for your personal propert _ease Holder		y (Other Than Co-Leas Additional Lease Holder	e Holders)	
Name:			Name:			
Address:	:		Address:			
Relations	ship:		Relationship:			
Phone No	umber:		Phone Number:			
informati for reject complete Applicati misleadir AGENCY with reg	on, reference and cr tion of this Application e a comprehensive on on information after ing information is con Y DISCLOSURE: All pard to the rental of	of the above statements are true dit records. Applicant acknowled on if discovered before move-in. Application of this Agreement beformove-in and may convert the protained in this Application. Applicant property and Allison-Shelton of your apartment and all terms e committed to dealing fairly with	ges that false information Applicant acknowledges re move-in; however, management agrees to the terms of the	n contained herein cons that management may anagement reserves the nt to a month-to-month the "Deposit to Hold Agr nc., employees repres ained in this rental ap	titutes grounds not be able to e right to verify term if false or eement." ent the owner	
(Applicant	's Signature)	Date	(Management's Receipt)		Date	

