RENTAL APPLICATION

No Cash Accepted

		FOR (OFFICE	USE ONLY								
Type of apartment desired:		Apt. Address										
ST 1BR 2BR 2BR/2BA				Sec. Dep. \$ Amt. Rec'd \$ Date								
Date Desired				Base Rent \$ Additions \$								
Today's Date		Move-In Date Lease Dates Date Approved / Refused / Cancelled										
Applicant's full name Date of Birth Social Security #												
Applicant 3 full hame				Date of Birth Social			ar Security "					
Marital Status:	☐ Single			☐ Widowe		dowed			☐ Separated / Divorced			
Phone# Cell Phone#							Email					
Co-applicant Name					Security #							
Phone#		Ema			ıil							
Other Occupants-Name				Date of Birth Relat			tionship					
Name							Relationship					
Name	Name					Relationship						
*Pet type	Pet type Breed / Age				Weigh	t]	How many?				
*Size and breed restrictions apply. See Pet Addendum. RESIDENTIAL HISTORY (Please use separate sheet of paper if necessary)												
Present - Street address												
City State Zip												
Apartment Name/Mortgage												
City, State, Zip				Phone #	Phone # Move			ate	Move-Out Date			
Monthly Payment \$ Reason for Moving												
Previous - Street address												
City	Stat	zate Zip										
Apartment Name/Mortgage		Street Address										
City, State, Zip				Phone #			Move-In D	ate	Move-Out Date			
Monthly Payment \$		Reason for Moving										
Have you ever been threater	ned with an e	viction or been evicted fr	om anv	leased premis	ses? (Y /]	N) If yes.	please expl	lain.				
Have you ever been threatened with an eviction or been evicted from any leased premises? (Y / N) If yes, please explain.												
Have you ever received a notice to leave the rental property or a 3-day notice to leave? (Y / N) If yes, please explain.												
Have you ever been convicted of a crime other than a minor traffic offense: (Y / N) If yes, please explain:												
		EMER	GEN	CY CONT.	ACTS							
In case of emergency, contact:					Relationship							
Address:				City/State:			ZIP:					
Phone#	<u> </u>	1			Email							
Second emergency contact:							Relationship					
Address:	T	City/State:			ZIP:							
Phone# Cell Phone#							Email					

EMDI OVMENT HICTODY

		t	EMPLOYME	71 H121	URY			
Present Employer				Position				
Business Address			Phone #	Phone #				
Supervisor	Employed from			То	Approx Ne	t Monthly Income \$		
Previous Employer				Position	Position			
Business Address		Phone #	Phone #					
Supervisor		Employed fro	То	Approx Ne	Approx Net Monthly Income \$			
	COME (Secon			amna Diagh	ility Social Socurity	y, Child Support, Alimony)		
Source:	COMIL-(Secon	dary Employi	ment, rood St	amps, Disau	• •	aly Amount:		
Source:			Net Month	Net Monthly Amount:				
Source:			Net Monthly Amount:					
			VEHICLE IN	FORMAT	TION			
Total Number of Vehicle	es to be parked at	residency:						
1 - Year	Color	Color Make/Model				License Tag #		
Registered to:	<u> </u>							
2 - Year	Color		Make/Model			License Tag #		
Registered to:						1		
			APPLICANT A	UTHORIZAT	ION			
statements, misrepresentation action if later discovered to 2. By signing the a	ons, inaccurate infor be false, misreprese application, you are a ture authorizes Mana	emation or failure to ented, inaccurate or authorizing the use agement and the cr	to supply the data in rincomplete information of any credit reported treporting/scre	requested above mation. orting/screening	may serve as a rejection agencies to verify credit,	application in a timely manner. Any falsof your application or grounds for an eviction validate accuracy of all information recorder formation and access your credit report in the		
application fee, on the pren will be retained by Manag damages as a result of the providing that all the above	nises listed above. Pement if this applic processing of this a questions is answer	cation is approved pplication and holed correctly and tr	be made by Mon and I am unable lding the specified ruthfully.	ney Order or to fulfill the co unit off the ma	Check. No Cash Acconditions of occupancy. arket. The deposit will be	as a non-refundab epted. I understand that the security depos I acknowledge that the Landlord will suffice returned if this application is not approved on provided on this application shall surviv		
approval of this application	, and execution of a	lease agreement.				sible for all occupants, guests and invitees		
my apartment.			1					
•	t to Lessor valid pho				l ha mada rihiah may ina	hada information on to may about the common		
	eristics and mode of	f living. The natur	re and scope of the	investigation re	equested may include info	lude information as to my character, gener rmation obtained through personal interview e of living.		
The term "Lessor" shall inc	lude the Owner-Lan	adlord and Central	Management Com	npany as manag	ing agent and any affiliate	, agent or employee thereof.		
Signature Applicant				Sig	Signature Authorized Agent			
Date REV. 08/23/11				D	ate	© Central Management Company		

