

**Application for Rental**

Please have each resident submit a separate application

APT. # \_\_\_\_\_

Leasing Agent \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_

 APARTMENT TYPE:  1X1  2X2

LEASE AMOUNT: \_\_\_\_\_ LEASE TYPE: \_\_\_\_\_

<b>Please Tell Us About Yourself</b>								
NAME OF APPLICANT				DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE		
NAME OF APPLICANT				DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE		
NAME OF CHILD		DATE OF BIRTH	NAME OF CHILD		DATE OF BIRTH	NAME OF CHILD		
						DATE OF BIRTH		
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT: ROOMMATE(S) CHILDREN					EMAIL ADDRESS:			
APPLICANT'S PRESENT ADDRESS				CITY	STATE	ZIP	TELEPHONE #	
PRESENT ADDRESS IS: <input type="checkbox"/> OWN HOME <input type="checkbox"/> PARENT'S HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> STUDENT HOUSING					MONTHLY PAYMENT		HOW LONG	
IF RENTING, GIVE PRESENT LANDLORD OR APARTMENT COMMUNITY				IF OWN, GIVE NAME OF BANK OR MORTGAGE COMPANY				
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / BANK / MORTGAGE COMPANY				CITY	STATE	ZIP	TELEPHONE #	
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)				CITY	STATE	ZIP	TELEPHONE #	
PREVIOUS ADDRESS WAS: <input type="checkbox"/> OWN HOME <input type="checkbox"/> PARENT'S HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> STUDENT HOUSING					MONTHLY PAYMENT		HOW LONG	
TYPE/MAKE OF CAR	MODEL	COLOR	YEAR	LICENSE	STATE	COMMERCIAL YES <input type="checkbox"/> NO <input type="checkbox"/>		
TYPE/MAKE OF CAR	MODEL	COLOR	YEAR	LICENSE	STATE	COMMERCIAL YES <input type="checkbox"/> NO <input type="checkbox"/>		
PETS (KEEPING OF PETS REQUIRES A PET DEPOSIT AND OWNER'S CONSENT) IS THIS A SERVICE ANIMAL <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CERTIFICATE MUST BE PROVIDED.				TYPE	BREED	COLOR	WEIGHT	
NAME OF NEAREST RELATIVE		ADDRESS					TELEPHONE #	
NAME OF PERSONAL REFERENCE		ADDRESS					TELEPHONE #	

<b>Please Tell Us About Your Job</b>								
NAME OF APPLICANT'S EMPLOYER				TYPE OF WORK		SUPERVISOR		HOW LONG?
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #	
FORMER EMPLOYER				TYPE OF WORK		SUPERVISOR		HOW LONG?
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #	
NAME OF SPOUSE'S EMPLOYER				TYPE OF WORK		SUPERVISOR		HOW LONG?
SPOUSE'S ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #	
OTHER SOURCES OF INCOME				AMOUNT		WHEN RECEIVED		

<b>Please Give Us The Following Information</b>							
WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE?							
HAVE YOU PREVIOUSLY BEEN ARRESTED FOR ANY CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS AND DATES:					
ANY LITIGATION, SUCH AS EVICTIONS, SUITS, JUDGMENTS, BANKRUPTCIES, FORECLOSURES, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS AND DATES:					
IN CASE OF EMERGENCY, NOTIFY:							TELEPHONE #
STREET ADDRESS				CITY	STATE	ZIP	RELATIONSHIP

**Please Read Carefully and Sign Below**

Correct Information — Applicant represents that all of the above statements and representations are true and complete. Within 72 hours, Applicant must submit all requested documentation in order to approve the Lease Application. Applicant hereby authorizes verification of above information, references and credit records, and applicant releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, misleading or misrepresented information may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits, and may constitute a criminal offense under the laws of this State. Applicant agrees to the terms of the "Apartment Reservation Deposit/Application Agreement" below.

 Number of Pets = \_\_\_\_\_  
 Breed of Animal = \_\_\_\_\_  
  
**Car Information:**  
 License Plate Number: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

 Application Fee: \$ \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_

Must be in separate checks. Please make payable to Mainsail South Residences.

