



RESIDENTIAL GROUP

RENTAL APPLICATION

Each co-applicant (18 years or older) must submit separate applications. Spouses may submit a single application.

FOR OFFICE USE ONLY	Community:	
	Apartment Number:	
	Move-In Date:	
	Market Rent:	
	Concession:	
	Lease Term:	
		<input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Garage <input type="checkbox"/> Trash <input type="checkbox"/> Pet



HOUSEHOLD INFORMATION

APPLICANT		SPOUSE
Full Name:		
Social Security Number:		
Date of Birth:		
Driver's License State & Number:		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Former Last Names/Aliases:		
Phone Number(s):		
Email Address:		
How did you hear about us?		

OTHER OCCUPANTS (under 18 years of age)

Full Name:	Relationship:	Date of Birth:	Social Security Number:

EMPLOYMENT

APPLICANT

F/T P/T Unemployed Not Employed Self-Employed

Present Employer:	
Address:	
City/State/Zip:	
Work Phone Number:	
Title:	
Wage:	\$
Avg. Weekly Hours:	
<input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
Supervisor's Name:	
Dates of Employment:	

SPOUSE

F/T P/T Unemployed Not Employed Self-Employed

Present Employer:	
Address:	
City/State/Zip:	
Work Phone Number:	
Title:	
Wage:	\$
Avg. Weekly Hours:	
<input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
Supervisor's Name:	
Dates of Employment:	

If unemployed or current employment is less than 6 months

Previous Employer:	
Address:	
City/State/Zip:	
Work Phone Number:	
Title:	
Wage:	\$
Avg. Weekly Hours:	
<input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
Supervisor's Name:	
Dates of Employment:	

Previous Employer:	
Address:	
City/State/Zip:	
Work Phone Number:	
Title:	
Wage:	\$
Avg. Weekly Hours:	
<input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
Supervisor's Name:	
Dates of Employment:	

RESIDENCY INFORMATION

Present Address:		Monthly Payment:
City/State/Zip:		\$
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Living with Family or Friends		How Long?:
Property Name (if any):		Years Months
Landlord/Lender's Name:		Reason for Moving:
Phone Number:		

If less than 6 months, complete the following up to 24 months

Previous Address:		Monthly Payment:
City/State/Zip:		\$
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Family or Friends		How Long?:
Property Name (if any):		Years Months
Landlord/Lender's Name:		Reason for Moving:
Phone Number:		

Previous Address:		Monthly Payment:
City/State/Zip:		\$
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Family or Friends		How Long?:
Property Name (if any):		Years Months
Landlord/Lender's Name:		Reason for Moving:
Phone Number:		

OTHER INCOME
(Complete Supplemental Page for Affordable Housing)

Type of Income:	Source/Bank:	Gross Annual Amount:

EMERGENCY CONTACT (NOT RESIDING WITH YOU)

Name:	Address:	Phone Number:
Relationship:		
Name:	Address:	Phone Number:
Relationship:		

In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to: (i) grant to the person designated above access to the Applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of the Applicant's property located in the mailbox, storerooms or common areas; and (iii) refund the Applicant's security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

VEHICLES

Vehicle Make & Model:	Color:	License Plate Number:	State:	Year:

ANIMALS

Type:	Breed:	Color:	Mature Weight (lbs.)	Age:

BACKGROUND INFORMATION

Have you, your spouse or any other prospective residents or occupants listed on this Application ever (*check if applicable; you represent the answer is "NO" to any item not checked below:*

- | | |
|--|---|
| <input type="checkbox"/> been evicted or asked to move out? | <input type="checkbox"/> received deferred adjudication for either a felony, a sex-related offense or a misdemeanor? If yes, please explain: _____ |
| <input type="checkbox"/> broken a rental agreement or lease contract | <input type="checkbox"/> been arrested for any crime which has not been fully adjudicated (by dismissal, acquittal deferred adjudication or conviction) If yes, please explain: _____ |
| <input type="checkbox"/> been or are currently delinquent to a previous landlord? | |
| <input type="checkbox"/> been convicted for either a felony, a sex-related offense or a misdemeanor? If yes, please explain: _____ | |

AUTHORIZATION

Applicant represents that all of the above information is true and complete and authorizes the verification of same and the performance of a credit check on Applicant as appropriate by all available means. **In the event that applicant provides any false or misleading information in this Application, Owner shall have the right to automatically reject this Application and the Security Deposit and Processing fee will be automatically forfeited by the Applicant.** Applicant further acknowledges that an investigative consumer report includes information as to character, general reputation, personal characteristics and mode of living, whichever are applicable, of the Application may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's right under The Fair Credit Reporting Act.

Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant's lease (to be executed after Application approval) or for any other permissible purpose.

Dated effective on the date Owner or Owner's representative has received a completed Application from Applicant, as indicated above.

Applicant's Signature: _____
Name Printed: _____
Date: _____

Spouse's Signature: _____
Name Printed: _____
Date: _____

DISCLOSURES

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. The management of this property is committed to complying with the letter and spirit of the laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the fair housing laws is the United States Department of Housing and Urban Development.

SECURITY DEPOSIT

Applicant acknowledges that Owner's acceptance of Applicant as a resident at the property is conditional upon: (i) Owner's approval of this Application; and (ii) receipt of an executed Apartment Lease Agreement from Applicant. In the event any of these conditions have not been met, Owner shall have no obligation to lease to Applicant.

The Security Deposit will either be: (i) credited to the required Security Deposit pursuant to an Apartment Lease Agreement executed by Applicant; (ii) refunded to Applicant as provided herein; or (iii) retained by Owner as liquidated damages as provided herein.

Security Deposit Credited to the Required Security Deposit - In the event that this Application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Security Deposit shall be credited towards the Security Deposit identified in the Lease.

Security Deposit Refunded - If this Application is denied, the Security Deposit will be refunded to Applicant.

Security Deposit Retained by Owner - Owner shall be entitled to retain the Security Deposit as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after 48 hours of signing this Application; or (ii) the Application is accepted, but Applicant does not sign an Apartment Lease Agreement as and when required by Owner; or (iii) if the Applicant has provided false or misleading information within this Application. For the purposes of this provision, if the Applicant is required to pay an additional Security Deposit in order to qualify for occupancy, the Applicant shall be deemed conditionally accepted prior to the payment of such additional Security Deposit and the failure to pay the additional Security Deposit will entitle Owner to retain the originally paid Security Deposit, even if the Application is subsequently rejected by the Applicant's failure to pay the required additional Security Deposit.

PROCESSING FEE

If the application is withdrawn for any reason the processing fee is non-refundable

RELEASE AND CONSENT

I/we hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize the release of information without liability to the owner/manager of the apartment community listed below.

Information Covered

I/we understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- | | |
|------------------------------------|----------------------------------|
| Personal Identity & Marital Status | Employment, Income & Assets |
| Student Status | Medical or Child Care Allowances |
| Residences & Rental Activity | Credit & Criminal Activity |

I/we understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

Groups or Individuals That May Be Asked

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|-----------------------------------|--|
| Past & Present Employers | Welfare Agencies |
| Veteran's Administrations | Support & Alimony Providers |
| State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration |
| Medical & Child Care Providers | Banks & Other Financial Institutions |
| Credit Providers & Credit Bureaus | Previous Landlords (including Public Housing Agencies) |

Conditions

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will **stay in effect for one year and one month** from the date signed. I/we understand I/we have a right to review this file and correct any information that is incorrect.

Apartment Community: Governor's Park Apartments
Contact Name: _____
Phone #: 970-493-3030

Applicant's Signature: _____
Name Printed: _____
Date: _____

Spouse's Signature: _____
Name Printed: _____
Date: _____

Owner or Owner's Agent Signature: _____
Name Printed: _____
Date: _____