



PROP:	
APT#:	
RENT:	
AGENT:	
MOVE IN DATE:	

APPLICANT INFORMATION**PRIMARY**

NAME	_____	PHONE	_____
(LAST)	(FIRST)	(MI)	(HOME) (BUSINESS)
MAIDEN NAME	_____		
SS#	_____	DRIVERS LICENSE#	_____
MARITAL STATUS:	SINGLE _____	MARRIED _____	SEPARATED _____
			BIRTH DATE _____

SPOUSE

NAME	_____	PHONE	_____
(LAST)	(FIRST)	(MI)	(HOME) (BUSINESS)
MAIDEN NAME	_____	SS#	_____
BIRTHDATE	_____	DL#	_____
			STATE _____

OTHER OCCUPANTS

NAME	_____	AGE	_____	BIRTH DATE	_____
(LAST)	(FIRST)	(MI)			
NAME	_____	AGE	_____	BIRTH DATE	_____
(LAST)	(FIRST)	(MI)			
NAME	_____	AGE	_____	BIRTH DATE	_____
(LAST)	(FIRST)	(MI)			
NAME	_____	AGE	_____	BIRTH DATE	_____
(LAST)	(FIRST)	(MI)			

PRIMARY APPLICANT**PRESENT EMPLOYER**

COMPANY	_____	SUPERVISOR	_____	PERSONAL PHONE#	_____
ADDRESS	_____			START DATE	_____
POSITION	_____	MONTHLY GROSS INCOME \$	_____		

PREVIOUS EMPLOYER

COMPANY	_____	SUPERVISOR	_____	PERSONAL PHONE#	_____
ADDRESS	_____			START DATE	_____
POSITION	_____	MONTHLY GROSS INCOME \$	_____		

PRESENT ADDRESS

ADDRESS	_____	CITY	_____	STATE	_____	ZIP	_____
APARTMENT OR LANDLORD NAME	_____			PHONE	_____		
RESIDENCY DATES	START _____	END _____		RENT \$	_____		

PREVIOUS ADDRESS

ADDRESS	_____	CITY	_____	STATE	_____	ZIP	_____
APARTMENT OR LANDLORD NAME	_____			PHONE	_____		
RESIDENCY DATES	START _____	END _____		RENT \$	_____		

PREVIOUS ADDRESS

ADDRESS	_____	CITY	_____	STATE	_____	ZIP	_____
APARTMENT OR LANDLORD NAME	_____			PHONE	_____		
RESIDENCY DATES	START _____	END _____		RENT \$	_____		

PREVIOUS ADDRESS

ADDRESS	_____	CITY	_____	STATE	_____	ZIP	_____
APARTMENT OR LANDLORD NAME	_____			PHONE	_____		
RESIDENCY DATES	START _____	END _____		RENT \$	_____		

SPOUSE**PRESENT EMPLOYER**

COMPANY	_____	SUPERVISOR	_____	PERSONAL PHONE#	_____
ADDRESS	_____			START DATE	_____
POSITION	_____	MONTHLY GROSS INCOME \$	_____		

PREVIOUS EMPLOYER

COMPANY	_____	SUPERVISOR	_____	PERSONAL PHONE#	_____
ADDRESS	_____			START DATE	_____
POSITION	_____	MONTHLY GROSS INCOME \$	_____		

PRESENT ADDRESS

ADDRESS	_____	CITY	_____	STATE	_____	ZIP	_____
APARTMENT OR LANDLORD NAME	_____			PHONE	_____		
RESIDENCY DATES	START _____	END _____		RENT \$	_____		

PREVIOUS ADDRESS

ADDRESS	_____	CITY	_____	STATE	_____	ZIP	_____
APARTMENT OR LANDLORD NAME	_____			PHONE	_____		
RESIDENCY DATES	START _____	END _____		RENT \$	_____		

WILL YOU HAVE A PET IN THE APARTMENT?	YES OR NO	DESCRIPTION
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LEASE FILE INFORMATION

NEAREST RELATIVE			
NAME _____		HOME PHONE _____	
(LAST)	(FIRST)	(MI)	
ADDRESS _____		WORK PHONE _____	
_____		_____	
EMERGENCY CONTACT (other than above)			
NAME _____		HOME PHONE _____	
(LAST)	(FIRST)	(MI)	
ADDRESS _____		WORK PHONE _____	
_____		_____	
PERSONAL DESCRIPTION			
PRIMARY APPLICANT			
HEIGHT _____	WEIGHT _____	HAIR _____	EYES _____
SPOUSE			
HEIGHT _____	WEIGHT _____	HAIR _____	EYES _____
VEHICLE DESCRIPTION			
VEHICLE 1: MAKE _____	MODEL _____	YEAR _____	LICENSE# _____ STATE _____
VEHICLE 2: MAKE _____	MODEL _____	YEAR _____	LICENSE# _____ STATE _____
BANK			
PRIMARY			
NAME OF BANK _____		PHONE# _____	
CHECKING ACCOUNT # _____	SAVINGS ACCOUNT # _____	_____	
SPOUSE			
NAME OF BANK _____		PHONE# _____	
CHECKING ACCOUNT # _____	SAVINGS ACCOUNT # _____	_____	
OTHER INCOME AND AMOUNT: _____ <i>(indicate checking or savings)</i>			
<i>(Verification will be requested. Please list any SSI, Pension, Disability, Student Grants, Dividends, Etc.)</i>			
FULL TIME / PART TIME STUDENT YES _____ NO _____ Please circle: FT OR PT			
How many hours are you taking _____ What is FT hourly requirement for your school _____			
QUALIFYING QUESTIONS			YES
1. HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED FROM RENTAL HOUSING? If yes, List State			NO
2. HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIME? If yes, List State			STATE
3. WILL THERE BE ANY OTHER OCCUPANTS OVER 18 YEARS OF AGE OTHER THAN THOSE LISTED ABOVE?			
RELEASE: I understand that I acquire no rights in an apartment until I sign this agreement and submit a reservation deposit in the amount of \$ _____			
Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit, in consideration for landlord holding said apartment at _____.			
If application withdraws the application, a fee of \$ _____ will be retained by Landlord. If approved and the rental unit is held for applicant for more than 3 days after approval and the applicant withdraws the application, all monies deposited shall be forfeited to the Landlord.			
Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding public records, your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to Resident Data, Inc.			
PO Box 850454 Richardson, TX 75085-0454. We certify that, to the best of my/our knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction. I/We authorize Resident Data, Inc. to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnished all information to the landlord named above.			
Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rents and security deposits have been paid. This application does not obligate Property to execute a lease or deliver possession of the proposed premises. I understand if Property is unable to deliver possession of proposed apartment on the agreed date for any reason, including holdover of a prior Resident, then Property shall not be liable as a result. Property is also under no obligation to deliver possession of another apartment. By my signature below, I certify that I have read and understand the terms of this rental application. I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy. Equal Housing Opportunity			
Future Resident Signature _____	DATE _____	AUTHORIZED CONSULTANT _____	DATE _____
Future Resident Signature _____	DATE _____	MANAGER APPROVAL _____	DATE _____
Faxed application to screening company _____ Approved _____ Informed Applicant _____ Manager Approval _____			