

# COLUMBUS STATION APARTMENTS

## APPLICATION OF TENANCY

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Rental Amount \_\_\_\_\_

Do you have a lease? \_\_\_\_\_ Lease Term \_\_\_\_\_ Expiration Date \_\_\_\_\_ Have you ever been evicted for non payment? \_\_\_\_\_

Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Former Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Monthly Rental Amount \_\_\_\_\_

Other Family Members Occupying Apartment under age 18: (Name and birthdate) \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Proposed Occupancy Date: \_\_\_\_\_

Do you have a legal right to be in the United States?

Yes, because I am a United States Citizen.

Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Service (formerly the U.S. Department of Immigration and Naturalization)

No

If you answered "Yes" because you are a non-U.S. citizen with valid visa documentation, please provide reason you are in the U.S. \_\_\_\_\_

Visa Type \_\_\_\_\_ Visa Exp. Date \_\_\_\_\_

### TENANT INCOME CERTIFICATION

*In connection with my application as a tenant in Columbus Station Apartments, I hereby certify to the landlord that the persons listed below are all the anticipated occupants of the unit, and other information provided is true to the best of my knowledge, information and belief.*

*1. The anticipated annual income of all occupants of the unit for the 12 months following the proposed occupancy is as follows\* (exclude full time students and minors under age 18):*

Occupants	Employer Information	Other Income Sources
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<p>a. _____</p> <p>Name _____ Date of Birth _____</p> <p>Social Security Number _____</p> <p>Job Title _____</p> <p>Gross Annual Income _____ Length of Employment _____</p>	<p>_____</p> <p>Employer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone Number _____ Contact Person _____</p>	
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<p>b. _____</p> <p>Name _____ Date of Birth _____</p> <p>Social Security Number _____</p> <p>Job Title _____</p> <p>Gross Annual Income _____ Length of Employment _____</p>	<p>_____</p> <p>Employer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone Number _____ Contact Person _____</p>	
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<p>c. _____</p> <p>Name _____ Date of Birth _____</p> <p>Social Security Number _____</p> <p>Job Title _____</p> <p>Gross Annual Income _____ Length of Employment _____</p>	<p>_____</p> <p>Employer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone Number _____ Contact Person _____</p>	
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<p>d. _____</p> <p>Name _____ Date of Birth _____</p> <p>Social Security Number _____</p> <p>Job Title _____</p> <p>Gross Annual Income _____ Length of Employment _____</p>	<p>_____</p> <p>Employer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer Telephone Number _____ Contact Person _____</p>	
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(Use additional sheets if necessary)

\* Include all income, anticipated for the twelve month period beginning with the occupancy of the unit, including gross wages and salaries (including overtime, commissions, fees, tips, and bonuses); net income, before depreciation and amortization from operation of a business or profession or rental of property; interest and dividends; period payments from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other types of similar periodic payment; payments in lieu of earnings, such as unemployment and disability compensation, workman's compensation and severance pay; public assistance, periodic and determinable allowances, such as welfare and child support; and all regular and special pay and allowances of members of the Armed Forces (whether or not living in the unit) who are head of the household or spouse if the head of household.

Credit references, Including Name & Address (At least 2) \_\_\_\_\_

Bank Account: \_\_\_\_\_  
(Name) (Address) (Account Numbers)

Vehicles: \_\_\_\_\_ Vehicles: \_\_\_\_\_  
Type Year License Type Year License

Vehicles: \_\_\_\_\_ Vehicles: \_\_\_\_\_  
Type Year License Type Year License

Do you have a household, personal effect & liability insurance (Recommended) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Relationship \_\_\_\_\_

(Address) (City) (State) (Zip) (Phone)

APPLICANT REFERRED BY: Newspaper  Drive-by  Resident Referral  Competitor Referral  Apt. Guide  "The Book"  Other

**IMPORTANT - PLEASE READ AND SIGN BELOW**

*This application is made subject to Management's approval and may be disapproved without designating cause. If approved this application is made part of the lease entered into by the Lessor and Lessee. After Apartment selection a deposit of \$400 will be required for the purpose of holding said apartment. It is agreed this deposit will be credited to the Security Deposit stated in the Lease Agreement and Security Deposit Agreement. If for any reason the undersigned does not take the apartment and the application fee or deposit exceeds thirty-two dollars, the landlord shall refund to the applicant within twenty days after the applicant's failure to rent the unit or the landlord's rejection of the application all sums in excess of the landlord's actual expenses and damages together with an itemized list of said expenses and damages. If, however, the application fee or deposit was made by cash, certified check, cashier's check, or postal money order, such refund shall be made within ten days of the applicant's failure to rent the unit if the failure to rent is due to the landlord's rejection of the application. Further it is stated that only those persons listed on this application are applying for tenancy.*

**IMPORTANT**

*Pets are permitted at the sole discretion of the Lessor. The lease you will be asked to sign includes a pet addendum outlining our pet policy. Any pet permitted must be indicated on the front side of this application. Pets are not allowed to visit for even short periods of time. You acknowledge receipt of this notice and agree that failure to comply with the requirements of it shall be cause, at the Landlord's option, for termination of the lease on five day's notice, forfeiture of any and all deposits posted.*

**THE APPLICATION HEREBY AUTHORIZES THE VERIFICATION OF THE ABOVE INFORMATION, REFERENCES AND CREDIT RECORDS IN CONJUNCTION WITH THIS APPLICATION FOR RESIDENCY.**

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant's Signature Applicant's Signature

**OFFICE USE ONLY**  
Apartment Requestion Information

APARTMENT ADDRESS \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_ TYPE APARTMENT \_\_\_\_\_

NUMBER OF TENANTS TO OCCUPY PREMISES \_\_\_\_\_ DATE APARTMENT DESIRED \_\_\_\_\_

NUMBER OF CHILDREN: SONS: No. \_\_\_\_ Ages \_\_\_\_\_ DAUGHTERS: No. \_\_\_\_ Ages \_\_\_\_\_

APPLICATION TAKEN BY: \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_ ACCEPTED  REJECTED

