

RENTAL APPLICATION

A security deposit in the amount of \$200.00 is accepted as required by the lease agreement to hold apartment # _____ until move-in. This deposit will be returned to you only if the application is not approved. An application fee in the amount of \$40 per individual (\$50 per married couple) is accepted for application processing purposes. This fee is non-refundable.

NAMES OF ALL ADULTS WHO WILL OCCUPY APARTMENT: (A DRIVERS LICENSE COPY MUST BE SUBMITTED BY ALL ADULT OCCUPANTS)

- | | | | | | | |
|----|------|-------|--------|---------------|-------------------|-------------------|
| 1) | LAST | FIRST | MIDDLE | DATE OF BIRTH | SOCIAL SECURITY # | DRIVERS LICENSE # |
| 2) | LAST | FIRST | MIDDLE | DATE OF BIRTH | SOCIAL SECURITY # | DRIVERS LICENSE # |
| 3) | LAST | FIRST | MIDDLE | DATE OF BIRTH | SOCIAL SECURITY # | DRIVERS LICENSE # |

NAMES OF ALL CHILDREN WHO WILL OCCUPY APARTMENT:

- | | | | | | |
|----|------|-------|--------|---------------|-----------------|
| 1) | LAST | FIRST | MIDDLE | DATE OF BIRTH | SOCIAL SECURITY |
| 2) | LAST | FIRST | MIDDLE | DATE OF BIRTH | SOCIAL SECURITY |
| 3) | LAST | FIRST | MIDDLE | DATE OF BIRTH | SOCIAL SECURITY |

CURRENT ADDRESS AND PHONE NUMBER:

NUMBER AND STREET NAME _____ CITY _____ STATE _____ ZIP _____ CELL PHONE# _____ PHONE# _____

NAME OF LANDLORD _____ PHONE# _____ \$ _____ RENTAL RATE _____ HOW LONG THERE? _____

PREVIOUS ADDRESS:

EMAIL ADDRESS:

- | | |
|----|-------|
| 1) | _____ |
| 2) | _____ |
| 3) | _____ |

EMPLOYMENT OF ALL ADULTS:

ADULT 1) Where employed? _____	How long? _____
Business Address: _____	Business Phone _____
Position: _____	Salary \$ _____ per _____
ADULT 2) Where employed? _____	How long? _____
Business Address: _____	Business Phone _____
Position: _____	Salary \$ _____ per _____
ADULT 3) Where employed? _____	How long? _____
Business Address: _____	Business Phone _____
Position: _____	Salary \$ _____ per _____
Source of Additional Income: _____	\$ _____ per _____

EMERGENCY CONTACT:

NAME _____	PHONE# _____	ADDRESS _____	CITY _____	STATE _____	ZIP _____	RELATIONSHIP _____
PETS: _____	Do you have pets? _____	How many? _____	What kind? _____	Weight? _____		

HOW DID YOU HEAR ABOUT US?

Internet _____	Apartment Blue Book _____	Rental Guide _____
Drive By _____	Signs _____	Realtor _____
Were you referred by a resident of Kings Cross _____	or Kings Pointe _____	Their name? _____
_____	_____	Apartment #? _____

SIGNATURES: I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the information above.

1) _____ 2) _____ 3) _____

MANAGER _____ APPROVED _____ NOT APPROVED _____

LEASE PROVISIONS (To be filled out by office staff):

Apartment # _____	Apt. Type _____	\$ _____ Rental Rate	Lease Term _____
_____	_____	_____	_____
_____	_____	_____	\$ _____ Pro-rated Rent

