

Camelot Apartments

Rental Application for Occupancy

DATE: _____

NUMBER OF PERSONS TO OCCUPY APARTMENT: _____

EXPECTED OCCUPANCY DATE: _____

UNIT TYPE DESIRED: _____

APPLICANT INFORMATION

APPLICANT _____

DRIVER'S LICENSE INFO _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

SPOUSE _____

DRIVER'S LICENSE INFO _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

PLEASE LIST ALL OTHER OCCUPANTS

INCLUDE NAME, AGE, DATE OF BIRTH, AND RELATIONSHIP

1. _____

2. _____

3. _____

RESIDENCE HISTORY

(Please include street address, city, state, and zip)

PRESENT ADDRESS _____ RENT AMOUNT _____

LANDLORD _____ TELEPHONE _____ HOW LONG _____

PREVIOUS ADDRESS _____

TELEPHONE _____ HOW LONG _____ RENT AMOUNT _____

**CURRENT TELEPHONE NUMBER _____

**DO YOU HAVE ANY PETS? IF SO SPECIFY? _____

IN CASE OF EMERGENCY, NOTIFY:

Name(s): _____ Relationship: _____ Telephone: _____

EMPLOYMENT INFORMATION

APPLICANT:

FULL-TIME EMPLOYER _____ MONTHLY INCOME _____

ADDRESS _____ HOW LONG _____ TELEPHONE _____

SUPERVISOR _____

SPOUSE:

FULL-TIME EMPLOYER _____ MONTHLY INCOME _____

ADDRESS _____ HOW LONG _____ TELEPHONE _____

SUPERVISOR _____

OTHER INCOME _____

TRANSPORTATION

MAKE/MODEL _____ TAG NO. _____ STATE _____

FEEES

APPLICANT HAS SUBMITTED \$25.00 **APPLICATION FEE** WHICH IS A NON-REFUNDABLE PAYMENT FOR APPLICANT CREDIT CHECK AND PROCESSING CHARGE. THIS **FEE** MAY NOT BE REFUNDED FOR ANY REASON AS IT IS PAYMENT FOR THE COST OF PROCESSING THE APPLICATION. APPLICANT HAS ALSO SUBMITTED \$75.00 **ADMINISTRATIVE FEE** WHICH BECOMES NON-REFUNDABLE ONCE THE APPLICATION HAS BEEN PROCESSED.

DEPOSITS

I HEREBY **DEPOSIT** \$250.00 WITH MANAGEMENT AS PART OF THIS APPLICATION. IF APPLICATION IS ACCEPTED, I AGREE THAT THIS **DEPOSIT** MAY BE APPLIED TOWARD ALL MONIES DUE PRIOR TO TAKING ON THE APARTMENT. I ALSO AGREE, IF MANAGEMENT ACCEPTS APPLICATION, TO EXECUTE MANAGEMENT'S RENTAL AGREEMENT ON OR BEFORE THE OCCUPANCY DATE SPECIFIED IN THE APPLICATION. IF APPLICATION IS DENIED FOR ANY REASON, MANAGEMENT WILL REFUND THIS **DEPOSIT** IN FULL.

I UNDERSTAND THAT I MAY CANCEL THIS APPLICATION BY SUBMITTING A WRITTEN NOTICE WITHIN 24 HOURS IN ORDER TO RECEIVE A FULL REFUND OF THIS **DEPOSIT**. IF I CANCEL AFTER 24 HOURS, FAIL TO EXECUTE MANAGEMENT'S USUAL RENTAL AGREEMENT, OR REFUSE TO OCCUPY THE PREMISES ON THE AGREED UPON DATE, I UNDERSTAND THAT THIS **DEPOSIT** WILL BE FOREITED BY ME TO SAID APARTMENTS.

I HEREBY AUTHORIZE MANAGEMENT TO MAKE ALL NECESSARY INQUIRIES AS TO THE AUTHENTICITY OF THE INFORMATION PROVIDED ABOVE.

THIS APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED BY MANAGEMENT. ANY FALSE INFORMATION WILL BE GROUNDS FOR REJECTION OF APPLICATION.

APPLICANT SIGNATURE (S) _____ DATE _____

DATE _____