



AEC RENTAL APPLICATION

ExGPA.VII.1 (a)

(Each applicant meeting minimum age requirements must submit a separate application. Yellow copy given to applicant after signing.)

APPLICANT INFORMATION					
Applicant's Last Name	First	Middle/Initial	Birthdate (M/D/Y)	Driver's License #:	State
Social Security #:	Marital Status (Check only one.): <input type="checkbox"/> Single <input type="checkbox"/> Married		# of people to occupy apt.:	# of occupants over minimum age requirement (List all below.):	
Addit'l Occupant (Non-Leaseholder) #1: Age _____ Name _____ Date of Birth _____		Addit'l Occupant (Non-Leaseholder) #2: Age _____ Name _____ Date of Birth _____		Addit'l Occupant (Non-Leaseholder) #3: Age _____ Name _____ Date of Birth _____	
Addit'l Occupant (Non-Leaseholder) #4: Age _____ Name _____ Date of Birth _____		Addit'l Occupant (Non-Leaseholder) #5: Age _____ Name _____ Date of Birth _____		Addit'l Occupant (Non-Leaseholder) #6: Age _____ Name _____ Date of Birth _____	
Do you have pet(s)? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, how many? (Include type and size; keeping of pets requires a Pet Deposit and Owner's Consent.)					
RESIDENCY INFORMATION					
Present Address	City	State	Zip	M/I Date	Phone (with Area Code): <input type="checkbox"/> Own <input type="checkbox"/> Rent
Name & Address of Present Landlord or Mortgage Co.				Phone (with Area Code):	Monthly Payment
Previous Residence Address (Include name of Landlord, if applicable.)			Landlord's Phone:	M/I Date	M/O Date
EMPLOYMENT/INCOME INFORMATION					
Present Employer (Company/Organization Name)			Supervisor's Name	Start Date	End Date
Employer's Address	City	State	Zip	Phone (with Area Code):	Position/Occupation
Previous Employer (Company/Organization Name)			Supervisor's Name	Start Date	End Date
Employer's Address	City	State	Zip	Phone (with Area Code):	Position/Occupation
Additional Income (Child Support, alimony or separate maintenance need not be disclosed unless such added income is to be included for qualification hereunder.)			Salary (Gross):		
Source 1:	Amount: \$ _____ per _____		Source 2:	Amount: \$ _____ per _____	
CREDIT AND LOAN INFORMATION					
Number of vehicles to be kept on property: _____ Passenger Car(s) _____ RV(s) _____ Van(s) _____ Boat(s) _____ Motorcycle(s) _____ Other _____					
Auto 1 (Type: Make/Model/Year)			Licence Plate #:	State	
Financed through:			Account #:	Monthly Payment (\$):	
Auto 2 (Type: Make/Model/Year)			Licence Plate #:	State	
Financed through:			Account #:	Monthly Payment (\$):	
• LOAN AND CHARGE ACCOUNTS (List all on the lines provided below, including department store cards, traditional credit cards, debit (bank) cards, etc.) •					
Name of Bank or Savings & Loan Institution(s)		Account #:	City	State	Account Type: <input type="checkbox"/> CHK <input type="checkbox"/> SAV <input type="checkbox"/> CHK <input type="checkbox"/> SAV
RENTAL/CRIMINAL HISTORY INFORMATION					
Have you or any occupant listed on this application ever...					
<input type="checkbox"/> been evicted or been asked to move out?	<input type="checkbox"/> broken a rental agreement?	<input type="checkbox"/> declared bankruptcy?	<input type="checkbox"/> been sued for rent?		
<input type="checkbox"/> been sued for property damage?	<input type="checkbox"/> been arrested for a felony, misdemeanor, or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?***				
***Please indicate below the year, name of the Court, and type of each felony, misdemeanor, and sex-related crime other than those resolved by dismissal or acquittal. We may need additional information before accepting you as a resident. (You represent the answer "NO" to any item not checked above.)					
EMERGENCY CONTACT INFORMATION					
In case of emergency, contact:	Relationship	Address	City	State	Zip
Phone (with Area Code):					

In compliance with the Fair Credit Reporting Act, this is to inform you that a credit and background investigation, including a criminal investigation, involving the statements made on your rental application for tenancy at the below-mentioned apartment community, is being initiated. In the event your application is rejected or the terms and conditions of residency are altered due to the results of our investigation, you will be informed, in writing, of the conditions under which it was rejected and your rights accordingly.

I certify that, to the best of my knowledge, all statements are true and complete. I further authorize _____ (PROPERTY NAME; INCLUDE ADDRESS IF SPACE PERMITS.) to obtain credit reports, criminal/character reports, rental history, and employment/income verification, as necessary, to confirm all information in the above-referenced application.

In consideration for landlord holding said apartment at the above-mentioned property, I am making a deposit of \$ _____ plus a nonrefundable processing fee of \$ _____. I further understand that I will be eligible to receive a refund in the amount of \$ _____ if I withdraw this application within 72 hours, or if my application is rejected due to the results of your investigation. If I withdraw this application any time after the 72 hours has passed, I will forfeit any refund. I understand I acquire no rights in this apartment until I sign a rental agreement (lease) in the form provided to me. This deposit shall be applied, either as a partial or full deposit, toward rent or any deposits due under the terms and conditions of the rental agreement (lease), including but not limited to, the security deposit.

Signed _____ Date _____ Signed _____ Date _____
(APPLICANT'S SIGNATURE) (AGENT'S SIGNATURE)