

FRESH PONDS VILLAGE, LP



RENTAL APPLICATION

FOR OFFICE USE ONLY

APARTMENT NUMBER:		APP FEE:	
APARTMENT TYPE:		INITIAL DEP:	
APPLICATION TAKEN BY:		MO RENT:	
		PET FEE:	
		NON-REFUND PET:	
		WASHER/DRYER:	
		SECURITY:	

APPLICANT

NAME		DATE OF BIRTH	
SS#	DRIVER'S LICENSE #	STATE	
PRESENT ADDRESS: STREET	CITY	STATE	ZIP CODE
LENGTH OF RESIDENCY	PHONE NUMBERS: HOME	WORK	
LANDLORD/MORTGAGE: NAME	ADDRESS:	PHONE NO.	RENT/MORTGAGE \$/MO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP CODE
LANDLORD/MORTGAGE: NAME	ADDRESS	PHONE NUMBER	
REFERRED TO US BY:	TOTAL NUMBER OF PERSONS TO OCCUPY APARTMENT:		
DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? YES NO			
IF YES, EXPLAIN:			

CO - APPLICANT

NAME		DATE OF BIRTH	
SS#	DRIVER'S LICENSE #	STATE	

PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT

NAME:	RELATIONSHIP:

EMPLOYMENT INFORMATION

APPLICANT		CO-APPLICANT	
EMPLOYER	POSITION	EMPLOYER	POSITION
ADDRESS	PHONE NUMBER	ADDRESS	PHONE NUMBER
MONTHLY INCOME	PERIOD OF EMPLOYMENT	MONTHLY INCOME	PERIOD OF EMPLOYMENT
SUPERVISOR		SUPERVISOR	
OTHER SOURCES OF INCOME		OTHER SOURCES OF INCOME	
CURRENT TOTAL ANNUAL INCOME		CURRENT TOTAL ANNUAL INCOME	
PREVIOUS EMPLOYER	POSITION	PREVIOUS EMPLOYER	POSITION
ADDRESS	PHONE NUMBER	ADDRESS	PHONE NUMBER
PERIOD OF EMPLOYMENT	SUPERVISOR	PERIOD OF EMPLOYMENT	SUPERVISOR

BANK REFERENCES

SAVINGS ACCOUNT(S):	ACCOUNT NUMBER:
CHECKING ACCOUNT(S):	ACCOUNT NUMBER:

IN CASE OF EMERGENCY CONTACT:(OTHER THAN CO-APPLICANT):

	RELATIONSHIP:
COMPLETE ADDRESS:	PHONE NUMBER:

A deposit in the sum of \$ _____ and received by _____ is made herewith. It is understood that this application is subject to approval and acceptance by management and if the application is not approved, the deposit will be returned to the applicant. Upon approval of application for Lease the applicant has three (3) working days from the approval date to cancel and have the deposit returned. If the applicant cancels after the third working day the deposit will be forfeited as liquidated damages for lost rentals and expenses incurred. This application will become part of the lease agreement when applicant is approved by management. The undersigned make(s) the foregoing representation as being true and accurate. Deposit is forfeited if there are any misrepresentations in this application.

APPLICANT'S SIGNATURE:	CO-APPLICANT'S SIGNATURE:
DATE:	DATE: