



CAMBRIDGE MANAGEMENT SERVICES, INC. LEASING APPLICATION

(Each Occupant over the Age of 18 - Must Complete an Application)

Marital Status: Married

Single

Current Home Phone #: ()

Community Representative: _____

Applicant:

Last Name _____ First _____ Middle _____

Social Security Number _____

Date of Birth _____

Driver's License # _____

State _____

E-mail Address _____

Spouse:

Last Name _____ First _____ Middle _____

Social Security Number _____

Date of Birth _____

Driver's License # _____

State _____

E-mail Address _____

Other Occupants:

Name _____ Date of Birth _____

Name _____

Date of Birth _____

Name _____ Date of Birth _____

Name _____

Date of Birth _____

Pets: Birds Fish Cat Dog Number of Pets: _____

Pet Name _____ Breed _____

Pet Name _____

Breed _____

Applicant Employment: (Must Verify 2 Years)

Current Employer: _____

Employer _____ Address _____

Date of Hire _____

Position / Title _____

Human Resources Dept. Phone # _____

Contact Name _____

\$ Annual Income _____

Previous Employer:

Employer _____

Date of Hire _____

Position / Title _____

Human Resource Phone# _____

Contact Name _____

\$ Annual Income _____

Spouse Employment: (Must Verify 2 Years)

Current Employer: _____

Employer _____

Date of Hire _____

Position / Title _____

Human Resource Phone# _____

Contact Name _____

\$ Annual Income _____

Applicant Rental/Mortgage History: (Must Verify 2 Years)

Current Landlord: _____

Rental Address _____ City _____

State / Zip Code _____

Move In Date / Move Out Date _____

Landlord / Mortgage Company _____

Landlord Phone # _____

Monthly Payment _____

Previous Landlord:

Rental Address _____ City _____

State / Zip Code _____

Move In Date / Move Out Date _____

Landlord / Mortgage Company _____

Landlord Phone # _____

Monthly Payment _____

Auto and Emergency Contacts:

Vehicle: Year _____ Make _____ Model _____ Color _____

Vehicle Year _____ Make _____ Model _____ Color _____

Emergency Contact Name: _____ Phone #: _____

Relationship: _____

Address: _____

Relationship: _____

AUTHORIZATION TO VERIFY INFORMATION: Applicant(s) represent that the above statements are true and complete and hereby authorize verification of any and all information including release of information by any financial institution, employer (present and former) and landlord (present and former). Applicant(s) acknowledge that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and forfeiture of deposits and may constitute a criminal offense under State law. **APPLICATION DEPOSIT AGREEMENT:** Applicant(s) have tendered a faith deposit (hereinafter referred to as A Deposit) in the amount of \$ _____, in consideration of Owner taking the dwelling off the market while considering approval of the Application. If Applicant(s) are approved, the Deposit paid will be deposited into a non-interest bearing escrow account to remain in such for the duration of the Applicant(s) residency. If the Applicant(s) are approved and fail to promptly enter into the Lease Agreement for the dwelling, the Deposit will be retained by the Owner and considered compensation for expenses incurred and loss of revenue as a result of taking the dwelling off the market. **The Deposit will be refunded only if Applicant(s) is not approved.** Unless the Deposit is made in the form of money order or cashiers check, the Deposit will not be refunded until the check has cleared. **KEYS WILL BE FURNISHED only after the Lease Agreement and other rental documents has been properly executed by all parties and applicable rent/security deposit/fees have been paid. APPLICATION FEE:** Applicants acknowledge that the \$ _____ application fee paid is non-refundable. Grandville on Avalon Park is Agent for and paid by the Owner. It is understood that this Application is preliminary only and does not obligate Owner or Owners Agent to execute a Lease or deliver possession of the proposed dwelling.

APPLICANTS SIGNATURE _____

DATE _____

SPOUSE SIGNATURE _____

DATE _____



CAMBRIDGE MANAGEMENT SERVICES, INC. LEASING APPLICATION
 Release of Information and Authorization for Verification of Application

Unmarried co-applicants must fill out a separate release

Marital Status: Married Single

Name _____ SS# _____ - - - - - DOB ____/____/____
Last First MI Jr,Sr Prior

Driver's License # _____
State

Name _____ SS# _____ - - - - - DOB ____/____/____
Last First MI Jr,Sr Prior

Driver's License # _____
State

Present Address:

Street Apt# City State Zip Code

Please provide a previous address if you have lived at your current address for less than 24 months

Previous Address:

Street Apt# City State Zip Code

Have you ever had an eviction filed against you?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever left owing money to any owner or landlord?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever had adjudication withheld or been convicted of a felony?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute a criminal offense under the laws of this State. I/We hereby release GrandeVille on Avalon Park and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant Signature _____

Date _____

Spouse Signature _____

Date _____