

DATE_____

32 PARKWAY APT. RENTAL APPLICATION

(Complete and Read both sides before signing–Please Print)

APT. ADDRESS_____RENT AMT_____DEPOSIT AMT._____MI DATE_____

1) NAME_____SOC. SEC #_____PHONE #_____

FORMER NAME/ALIAS_____BIRTH DATE_____AGE_____

ADDRESS HISTORY (include last 5 yrs)

PRESENT ADDRESS_____CITY/STATE/ZIP_____

HOW LONG_____RENT AMT._____LANDLORD_____PHONE#_____

FORMER ADDRESS_____CITY/STATE/ZIP_____

HOW LONG_____RENT AMT._____LANDLORD_____PHONE#_____

FORMER ADDRESS_____CITY/STATE/ZIP_____

HOW LONG_____RENT AMT._____LANDLORD_____PHONE#_____

EMPLOYMENT HISTORY (include last 5 yrs)

PRESENT EMPLOYER_____PHONE#_____

ADDRESS_____POSITION_____

SUPERVISOR_____HOW LONG_____PAY RATE_____

FORMER EMPLOYER_____PHONE#_____

ADDRESS_____POSITION_____

SUPERVISOR_____HOW LONG_____PAY RATE_____

FORMER EMPLOYER_____PHONE#_____

ADDRESS_____POSITION_____

SUPERVISOR_____HOW LONG_____PAY RATE_____

Have you been turned down for an apartment in the last 6 months? YES___NO___Have you ever filed bankruptcy? YES___NO___

Have you ever been convicted of a drug, sex, or felony offense? YES___NO___Have you ever been evicted? YES___NO___

2) NAME_____SOC. SEC #_____PHONE #_____

FORMER NAME/ALIAS_____BIRTH DATE_____AGE_____

ADDRESS HISTORY (include last 5 yrs)

PRESENT ADDRESS_____CITY/STATE/ZIP_____

HOW LONG_____RENT AMT._____LANDLORD_____PHONE#_____

FORMER ADDRESS_____CITY/STATE/ZIP_____

HOW LONG_____RENT AMT._____LANDLORD_____PHONE#_____

FORMER ADDRESS_____CITY/STATE/ZIP_____

HOW LONG_____RENT AMT._____LANDLORD_____PHONE#_____

EMPLOYMENT HISTORY (include last 5 yrs)

PRESENT EMPLOYER_____PHONE#_____

ADDRESS_____POSITION_____

SUPERVISOR_____HOW LONG_____PAY RATE_____

FORMER EMPLOYER_____PHONE#_____

ADDRESS_____POSITION_____

SUPERVISOR_____HOW LONG_____PAY RATE_____

FORMER EMPLOYER_____PHONE#_____

ADDRESS_____POSITION_____

SUPERVISOR_____HOW LONG_____PAY RATE_____

Have you been turned down for an apartment in the last 6 months? YES___NO___Have you ever filed bankruptcy? YES___NO___

Have you ever been convicted of a drug, sex, or felony offense? YES___NO___Have you ever been evicted? YES___NO___

OTHER SOURCES OF INCOME (Please indicate the type of income and the amount): _____

CREDIT HISTORY

CREDIT CARDS / LOAN PAYMENTS / OTHER DEBTS (To whom and what amount):

(1) _____

(2) _____

AUTOMOBILES

TYPE OF AUTOMOBILE

(1) _____

(2) _____

EMERGENCY CONTACT(s) (must be completed)

(1) NAME _____ RELATIONSHIP _____ PHONE# _____

ADDRESS _____ CITY/STATE/ZIP _____

(2) NAME _____ RELATIONSHIP _____ PHONE# _____

ADDRESS _____ CITY/STATE/ZIP _____

HOW DID YOU HEAR ABOUT THIS APARTMENT? _____

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- (1) I hereby verify that the information I have given is true, correct, and accurate to the best of my knowledge and any misrepresentation of material facts will make the lease null and void, and the applicant will be responsible for damages.
- (2) It is understood by the undersigned that this application is preliminary and involves no obligation on the part of the Landlord to approve or to deliver occupancy of the proposed apartment.
- (3) Your information may be given to third parties for the appropriate purposes that they deem necessary.

RELEASE OF INFORMATION - I, _____,
Hereby give the management company permission to obtain and research a credit history, rental history, and to verify the accuracy of the information contained herein. The management also has my permission to obtain a copy of a police record and/or credit report on each applicant before, during, and after tenancy.

Any money will be forfeited if you cancel or withdraw this application beyond 24 hours of submission.

(1)-- **X** _____ (2)-- **X** _____
(Sign, do not print) (Sign, do not print)

READ BOTH SIDES OF THIS APPLICATION BEFORE SIGNING

FOR OFFICE USE ONLY

DRIVERS LICENSE NUMBER

(1) _____ (2) _____

APARTMENT ADDRESS

RENT AMOUNT _____ DEPOSIT AMOUNT _____

MOVE IN DATE

MOVE OUT DATE _____

FORWARDING ADDRESS

PHONE
