

Crescent Arbors Apartment Homes

1. PERSONAL (Please print)				E-MAIL ADDRESS:		MARITAL STATUS	
APPLICANT'S NAME				DATE OF BIRTH		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	
APPLICANT'S SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER				
SPOUSE/ROOMMATE'S NAME				DATE OF BIRTH			
SPOUSE/ROOMMATE'S SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER				
Have you or anyone else who will be living in the apartment with you pursuant to the proposed lease ever been (1) convicted of or pled guilty to a felony, or (2) ever been required to register with the sheriff or other designated law enforcement official or agency of the United States, or a city, county, or state in which you or that other person resides or is temporarily domiciled? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes," explain: _____ _____ _____							
2. EMPLOYMENT (Last two years only)							
A. APPLICANT'S CURRENT EMPLOYER NAME					TELEPHONE		
STREET ADDRESS				CITY		STATE	ZIP
HOW LONG EMPLOYED		MONTHLY INCOME	POSITION		SUPERVISOR		
B. ADDITIONAL INCOME							
C. APPLICANT'S PREVIOUS EMPLOYER NAME					TELEPHONE		
STREET ADDRESS				CITY		STATE	ZIP
HOW LONG EMPLOYED		MONTHLY INCOME	POSITION		SUPERVISOR		
D. SPOUSE/ROOMMATE'S CURRENT EMPLOYER					TELEPHONE		
STREET ADDRESS				CITY		STATE	ZIP
HOW LONG EMPLOYED		MONTHLY INCOME	POSITION		SUPERVISOR		
E. ADDITIONAL INCOME							
F. SPOUSE/ROOMMATE'S PREVIOUS EMPLOYER NAME					TELEPHONE		
STREET ADDRESS				CITY		STATE	ZIP
HOW LONG EMPLOYED		MONTHLY INCOME	POSITION		SUPERVISOR		
3. RESIDENCE HISTORY							
A. CURRENT ADDRESS					CELL PHONE		
CITY		STATE	ZIP	TELEPHONE NUMBER			
CURRENT LANDLORD TELEPHONE				HOW LONG		REASON FOR LEAVING	
B. PREVIOUS ADDRESS							
CITY			STATE	ZIP	TELEPHONE		
PREVIOUS LANDLORD TELEPHONE				HOW LONG		REASON FOR LEAVING	

4. TRANSPORTATION

A. MAKE OF AUTO	YEAR	COLOR	TAG NUMBER	STATE	COUNTY
B. MAKE OF AUTO	YEAR	COLOR	TAG NUMBER	STATE	COUNTY

5. OTHER OCCUPANTS

A. NAME	SOCIAL SECURITY #	RELATIONSHIP	DATE OF BIRTH
B. NAME	SOCIAL SECURITY #	RELATIONSHIP	DATE OF BIRTH
C. NAME	SOCIAL SECURITY #	RELATIONSHIP	DATE OF BIRTH
D. NAME	SOCIAL SECURITY #	RELATIONSHIP	DATE OF BIRTH

NUMBER OF PERSONS WHO WILL OCCUPY APARTMENT _____

DO YOU HAVE ANY PETS? IF SO, SPECIFY TYPE, BREED, ADULT WEIGHT _____

DO YOU HAVE RECREATIONAL VEHICLES? IF SO, SPECIFY _____

6. EMERGENCY

IN CASE OF EMERGENCY NOTIFY	TELEPHONE
ADDRESS	
THIS PERSON DOES <input type="checkbox"/> DOES NOT <input type="checkbox"/>	HAVE PERMISSION TO ENTER MY APARTMENT IN AN EMERGENCY

7. SIGNATURES

APPLICANT	DATE	
APPLICANT	DATE	
APPROVED BY	DATE	
APARTMENT REQUESTED	DATE DESIRED	MONTHLY RENT

Applicant has submitted the sum of \$_____ which is non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. In the event this application is disapproved, this sum will be retained by Management to cover the cost of processing this application as furnished by the applicant.

I authorize Landlord and/or its agents to verify income, and application and lease information, through employers and credit bureau services, and to inquire into and review my credit history. I authorize Landlord and/or its agents to obtain a credit report, perform a criminal background check and/or consumer report at any time before or after this lease is signed.

I hereby deposit \$_____ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit will be applied toward payment of my security deposit of \$_____ which is due in full prior to taking possession of the apartment. I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline this application, then Management will refund this good faith deposit to me in full. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. If I fail to cancel within 72 hours and fail to execute Management's usual rental agreement, or refuse to occupy the premises on the agreed upon date, I understand this deposit will be forfeited in full to Management. Applicant further agrees that the signing of this application does not constitute an obligation on the part of the Landlord to provide an apartment until the signing of Landlord's rental agreement by both parties. I, the aforesigned, hereby acknowledge that I have read, fully understand, and agree to the above terms and conditions.

8. OFFICE USE

REASON APPLICATION DECLINED
<input type="checkbox"/> Unfavorable credit report
<input type="checkbox"/> Unfavorable report from previous Landlord
<input type="checkbox"/> Unfavorable criminal report
<input type="checkbox"/> Incorrect information
<input type="checkbox"/> Number of occupants
<input type="checkbox"/> Other _____

MONIES DELIVERED WITH THIS APPLICATION	
Security Deposit	\$ _____ check # _____
Non-refundable Application Fee	\$ _____ check # _____
Administrative Fee	\$ _____ check # _____
Pet Deposit	\$ _____ check # _____
Non-refundable Pet Fee	\$ _____ check # _____
Other	\$ _____ check # _____
TOTAL	\$ _____