Rental Application							
Applicant General Information	on						
Name of Applicant (Lessee):							
Social Security Number: Da		Date of Birth: Driver's		License Number / State:			
Current Address:			City:		State:	Zip Code:	
Own Rent (Please Circle)	Monthly Pa	yment or Rent	:		How Long?	1 .	
Cell Phone:	Email:				Student I.D. Number:		
Male Female (Please Circle)	U.S. Citizen: Yes or No (Circle) How did you hear about us:						
How will your rent be paid? Earnings, Parents, Student Loan(s), or Other (Please Circle) - If "Other", Please Explain:							
Are you receiving a grant, scholarship, or other assistance to attend college? - If "Yes", Please Explain:							
Have you ever: \square been evicted or asked to move out \square broken a rental agreement or lease contract \square declared bankruptcy \square been sued for nonpayment of rent or damage to rental property \square been convicted of a sexual offense \square been convicted of a felony \square been convicted for possession, use, or sale of illegal drugs? If "Yes" to any questions, Please Explain: (use back of page if needed)							
Applicant Employment Information (If Applicable)							
Current Employer:					How Long?		
Address:	T		City:		State:	Zip Code:	
Phone:	Email:				Contact:		
Position:	Hourly Salary (Please circle)			Annual income:			
Parental or Sponsor Guarant	or Inforn	nation					
Name of Guarantor:			one:		Email:		
Address:			City:		State:	Zip Code:	
Personal Reference and Emergency Contact Information							
Name of Personal Reference: Phone: Email:							
In Case of Emergency Notify:		Pho	ne:		Email:		
Address:			City:		State:	Zip Code:	
If you are seriously ill, missing, or in jail according to an affidavit of the above person, or if you die, you authorize (check one or more): the above person your spouse, and/or your parent to enter your dwelling Unit to remove all contents. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense or provide the information above.							
School Information (If Appli	cable)						
College/University: Major/Mi			nor: Projected Graduation Date:				
Names of all Co-Tenants who will reside in Unit with you (if applicable):							
Total Number Occupants:	Rent Occu	pancy Start Dat	e: 		Lease Term:		
Present/Former Landlord/Dorm:			Contact/Phone	2:		Rent:	
Acknowledgement							
I, the undersigned Applicant (herein also known as Resident), hereby authorize the Management Agent (herein after known as Landlord) to verify the information I provided in this application through all available means, which may include checking my income, credit report, credit references, employment, parental or sponsor guarantors, current and previous landlords, student records, and police reports. This permission will survive the expiration of my tenancy. I certify and represent that all statements and information given in my Rental Application are true and complete. However, should any statements made be misrepresented, false or incomplete, I understand my Rental Application may be rejected and my Lease Agreement may be terminated, and my Deposit including Security Deposit (up to one month's rent) may be retained as liquidated damages to offset your cost, time, and effort in processing my Rental Application. If my Rental Application is approved, I understand it will become part of my Lease Agreement.							
Signature of Applicant (Lessee): Date:							

This information will provide the basis for selecting our Residents. The Landlord is only authorized to show the Unit for rental purposes and to assist in the screening of prospective applicants. The Landlord is an independent contractor and has no authority to make any representations concerning the premises (Unit), nor as to whether or not this Rental Application has been accepted or denied, which is subject to Owner approval.

