

PARKSIDE TRACE APARTMENTS

RENTAL APPLICATION

Approved ___ Not Approved ___ (See Attached)

Amt. Deposit Received _____

Date of Occupancy _____

Date of Lease _____

Date _____

Address Requested _____

Roommate _____

Rent Amount' - _____

Name _____ Date of Birth _____

Social Security No. _____ Driver's License No. _____ State _____

Spouse Name _____ Date of Birth, _____

Social Security No. _____ Driver's License No. . _____ state---

RESIDENT HISTORY FOR THE PAST FIVE YEARS

Current Address _____

Street	City	State	Zip	Phone
Month / Year Moved in _____	Reason for Leaving _____			
Landlord _____	Phone (), _____		Monthly payment \$ _____	

Previous Address, _____

Street	City	State	Zip	Phone
Month / Year Moved In _____	Reason for leaving _____			
Landlord _____	Phone (), _____		Monthly Payment \$, _____	

Previous Address _____

Street	City	State	Zip	Phone
Month / Year Moved In _____	Reason for leaving _____			
Landlord _____	Phone (), _____		Monthly Payment \$ _____	

EMPLOYMENT INFORMATION

Present Status: Employed Full-Time Employed Part-Time Student Not Employed

Current Employer _____ Phone # _____

Address _____
Dates Employed / From: _____ To _____, _____ Position Held _____

Supervisor _____ Gross Monthly Income \$ _____

Spouse Employer _____ Phone # _____

Address _____
Dates Employed / From: _____ TO _____ position Held _____

Supervisor _____ Gross Monthly Income \$ _____

Emergency Contact _____ Address _____ phone _____

Please list names of all occupants (all persons occupying premises must be listed)			DATE OF BIRTH
NAME	RELATIONSHIP		
_____	_____		
_____	_____		
_____	_____		

Please list all autos that you will be keeping at this address:

Make	Color	Year	License No.
Make	Color	Year	License No.
Make	Color	Year	License No.

Do you have a pet? If so, indicate breed, weight, height, and age

How did you find out about us?

HAVE YOU EVER (Circle Answer):

Been evicted or asked to move out?	YES	NO	Been sued for non-payment of rent?	YES	NO
Been sued for damage to rental property?	YES	NO	Broken a Rental Agreement or Lease?	YES	NO
Been convicted of a felony?	YES	NO	Explain:		

REFERENCES

Savings Account:

Bank _____ Branch: _____ Account # _____

Checking Account:

Bank _____ Branch: _____ Account # _____

Major Credit Cards:

Account Number_	Mo. Pymt.	Balance
Account Number_	Mo. Pymt.	Balance
Account Number	Mo. Pymt.	Balance

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. SUCH SUM IS NOT A RENTAL PAYMENT, SECURITY DEPOSIT, OR PAYMENT OF ADMINISTRATIVE FEE. 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 CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE, AND CORRECT. YOU ARE HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THESE STATEMENTS, TO COMMUNICATE WITH MY EMPLOYER AND CREDITORS AND TO PROCURE SUCH OTHER INFORMATION WHICH YOU MAY REQUIRE TO EVALUATE THIS APPLICATION;

I HEREBY DEPOSIT \$ _____ WITH MANAGEMENT AS GOOD FAITH DEPOSIT IN Connection WITH THIS APPLICATION IF MY APPLICATION IS ACCEPTED, I UNDERSTAND THIS DEPOSIT WILL BE APPLIED TOWARD PAYMENT OF MY SECURITY DEPOSIT OF \$ _____

IF MANAGEMENT ACCEPTS MY APPLICATION, I AGREE TO EXECUTE MANagements USUAL RENTAL AGREEMENT ON OR BEFORE THE OCCUPANCY DATE SET OUT IN THIS APPLICATION. IF FOR ANY REASON MANAGEMENT DECIDES TO DECLINE MY APPLICATION, THEN MANAGEMENT WILL REFUND THIS GOOD FAITH DEPOSIT 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. IF I CANCEL AFTER THE 72 HOURS, OR FAIL TO EXECUTE MANAGERS USUAL RENTAL AGREEMENT, OR REFUSE TO OCCUPVTHE PREMISES ON THE AGREED UPON DATE,/ UNDERSTAND THIS DEPOSIT WILL BE HELD UNTIL MANAGEMENT CAN DETERMINE IF IT HAS INCURRED ANY EXPENSES OR LOSS DUE TO MY CANCELLATION THESE COSTS WILL BE DEDUCTED FROM THIS DEPOSIT AND THE BALANCE WILL BE REFUNDED TO ME.

SIGNATURE: _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: _____

Cred. History: _____ lines of trade _____ negative

Credit History: _____ lines of trade _____ negative

PARKSIDE TRACE APARTMENTS

APPLICANT HAS SUBMITTED THE SUM OF \$39.00 WHICH IS A NON-REFUNDABLE PAYMENT FOR A CREDIT CHECK AND PROCESSING CHARGE. I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE AND CORRECT. YOU ARE HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THE STATEMENTS ON MY RENTAL APPLICATION, TO COMMUNICATE WITH MY EMPLOYERS AND CREDITORS, AND TO PROCURE SUCH OTHER INFORMATION WHICH YOU MAY REQUIRE TO EVALUATE MY APPLICATION.

I, _____ HAVE
APPLIED FOR AN APARTMENT WITH PARKSIDE TRACE APARTMENTS
PLEASE RELEASE THE INFORMATION REQUESTED SO THAT MY
APPLICATION MAY BE PROCESSED FOR APPROVAL.

DATE: _____

SIGNATURE OF APPLICANT
SS # _____

SIGNATURE OF APPLICANT
SS # _____