

SIGNATURE MANAGEMENT

Rental Application

(Each Co-Resident must submit separate applications)

OFFICE USE:

Please print using black or blue ink.

Management Company:	Community Name:	Agent's Name:	Application Date:
Application # (Apt#)	Co-Resident:	Move In Date:	Rental Amount/Deposit:

APPLICANT INFORMATION

Marital Status: Single Divorced Separated Widowed

Full Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse Full Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Sec. #:	Date of Birth:	Social Sec. #:	Date of Birth:
DL#:	State:	Verified:	DL#:
State:	Verified:	State:	Verified:
Present Phone: ()	Present Phone: ()	Present Phone: ()	Present Phone: ()

RESIDENCY

Present Address:	Apt. #:	Verified:	Spouse Present Address:	Apt. #:	Verified:
City:	State:	Zip:	City:	State:	Zip:
Move In Date:	Move Out Date:	Move In Date:	Move Out Date:	Move In Date:	Move Out Date:
Community Name:	Phone #: ()	Community Name:	Phone #: ()	Community Name:	Phone #: ()
Previous Address:	Apt. #:	Previous Address:	Apt. #:	Previous Address:	Apt. #:
City:	State:	Zip:	City:	State:	Zip:
Move In Date:	Move Out Date:	Move In Date:	Move Out Date:	Move In Date:	Move Out Date:
Community Name:	Phone #: ()	Community Name:	Phone #: ()	Community Name:	Phone #: ()

CREDIT

Current or Latest Bank:	Address:	Spouse Current or Latest Bank:	Address:
City:	State:	Zip:	City:
State:	Zip:	State:	Zip:
Checking Acct. #:	Savings Acct. #:	Checking Acct. #:	Savings Acct. #:
Bank Phone: ()	Bank Phone: ()	Bank Phone: ()	Bank Phone: ()
<input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Exp. Date:	<input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Exp. Date:
Acct. #:	Verified:	Acct. #:	Verified:
Bank Note:	Acct. #:	Bank Note:	Acct. #:
Exp. Date:	Phone #: ()	Verified:	Exp. Date:
Phone #: ()	Verified:	Phone #: ()	Verified:

EMPLOYMENT

Present Employer:	Phone #: ()	Spouse Present Employer:	Phone #: ()		
Supervisor:	Phone #: ()	Supervisor:	Phone #: ()		
Address:		Address:			
City:	State:	Zip:	City:	State:	Zip:
Position:	Length of Employment:	Position:	Length of Employment:		
Monthly Gross Income:	Verified:	Monthly Gross Income:	Verified:		
Previous Employer	Phone #: ()	Spouse Previous Employer:	Phone #: ()		
Supervisor:	Phone #: ()	Supervisor:	Phone #: ()		
Address:		Address:			
City:	State:	Zip:	City:	State:	Zip:
Position:	Length of Employment:	Position:	Length of Employment:		
Monthly Gross Income:		Monthly Gross Income:			

PERSONAL DATA

HT:	WT:	Eye Color:	Hair Color:	Spouse HT:	WT:	Eye Color:	Hair Color:
In case of emergency contact:				Work #:		Home #:	
Is the above person authorized to remove and/or store all contents of dwelling/mailbox in the event of serious illness or death of resident? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you or your spouse ever:		Been Evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Broken a Rental Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you or the other occupants have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No				Kind, Weight, Breed & Age:			

List all other occupants who will not sign lease (*children, parents*):

Name:	Age:	Relationship:
Name:	Age:	Relationship:

List all vehicles to be parked on the premises by applicant, spouse, or children (*cars, trucks, recreational vehicles, motorcycles, boats*):

Type vehicle:	Year:	License #:	State:
Type vehicle:	Year:	License #:	State:

MARKETING

How did you hear of this community?	Why did you lease?
Why are you leaving your present residence?	

The undersigned persons represent that all the previous statements are true and complete and hereby authorize verification of such information. False information given previously shall entitle owner to (1) Reject this application, (2) Retain application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing the application, and (3) Terminate resident's right of occupancy. False information may also constitute a serious criminal offense under the laws of the state. Applicant authorizes Signature Management to access credit report and/or Criminal History Check for the approval of residency.

Signature of Applicant

Date

Signature of Applicant's Spouse

Date

Agent's Signature

Date

LEASE INFORMATION

APPLICANT / COMMUNITY INFORMATION

Community name:	Apt. #:	Apt. type (<i>bedrooms, baths</i>):
Apt. street address:	City / State / Zip:	
Name of owner / lessor (Management Co.):		
Name of all resident(s) who will sign lease (<i>incl. co-resident</i>):		
Name of all other occupants who will not sign lease (<i>children, parents</i>):		
Total number of occupants:	Permission must be obtained for guests staying longer than _____ days.	

LEASE CONDITIONS

Starting date of lease:		Ending date of lease:
Total security deposit \$:	Total monthly rent \$:	Other \$:
Reletting fee \$:	Prorated rent for first month \$:	Pet deposit / rent (<i>if any</i>) \$:
Monthly rental due date:	Initial late charge \$:	Daily late charge \$:
Returned check charge \$:	Daily pet violation charge (<i>if any</i>) \$:	
Resident's move-out must terminate lease: <input type="checkbox"/> on last day of month following next rental due date. (or) <input type="checkbox"/> on exact day designated in move-out notice but no sooner than 60 days after the notice.		

Special conditions:

APPLICATION AGREEMENT

This is to be signed below only if owner has not yet accepted applicants and co-applicants and if owner has not signed the lease contract. Each co-applicant, (co-resident), except for spouses, must sign a separate application and application agreement.

1. **APPLICATION FEE (NOT REFUNDABLE).** Applicant has delivered to owner's representative an "application fee" in the amount indicated below which defrays the cost of administrative paperwork and is not refundable.

2. **APPLICATION DEPOSIT (MAY OR MAY NOT BE REFUNDABLE).** In addition to the above application fee (if any), applicant has delivered to owner's representative an "application deposit" in the amount indicated below. **The application deposit is not a security deposit at this time.** Your application deposit will be credited to the required security deposit upon approval of your application. If you or any co-applicant with draws this application for any reason after the allotted amount of time (72 hours), the applicant deposit of all applicants can be retained by owner as liquidated damages and the parties will have no further obligations to each other. If your application is disapproved, the Application Deposit (but not the Application Fee) will be returned to you.

3. **ADMINISTRATIVE FEE:** Applicant has submitted the sum of \$ _____ with management as a non-refundable fee in connection with this rental application. If for any reason management decides to decline my application, the management will refund this fee to me in full.

4. RECEIPT.

Application Fee (not refundable).....	\$ _____
Application Deposit (may or may not be refundable)	\$ _____
Administrative Fee	\$ _____
Total Monies received by owner on date below	\$ _____

Signature of Applicant

Date

Signature of Applicant's Spouse

Date

Agent's Signature

Date

OFFICE USE

Applicant and co-residents were informed of: acceptance rejection

Date: _____

Names of specific persons informed: _____

Acceptance or rejection was relayed: in person by telephone by letter

Agent who informed applicant and co-residents: _____