

APPLICATION FOR LEASE

Date:
Applicant No. 1 Name:
Applicant No. 2 Name:
Apartment Number:
Parking Number and/or Storage Number and Floor:
Move-In Date (Must be within 60 Days of Deposit):
<i>A COPY OF PHOTO ID FOR ALL APPLICANTS MUST BE ATTACHED!</i>

For Office Use:

Security Deposit: (S/D is Non-Refundable After 72 Hours)	\$	CREDIT INFORMATION: CREDIT REPORT CALLED? YES NO
Non-Refundable Application Fee:	\$	
Extra Deposit / Payment on Account: Describe:	\$	
Total Deposits on Account:	\$	
Monthly Rent:	\$	
Monthly Income Required (4 X Rent):	\$	
Applicant Monthly Income:	\$	
Rent % of Income (25% or Lower)	%	

<u>APPLICANT 1 NAME:</u>	<u>Current Address:</u>
<u>Birth Date:</u>	<u>City, State, Zip:</u>
<u>Drivers License No.:</u>	<u>Home Phone:</u>
<u>Social Security No.:</u>	<u>Work Phone:</u>
<u>No. Of Dependents:</u>	<u>Other Phone</u>

<u>APPLICANT 2 NAME:</u>	<u>Current Address:</u>
<u>Birth Date:</u>	<u>City, State, Zip:</u>
<u>Drivers License No.:</u>	<u>Home Phone:</u>
<u>Social Security No.:</u>	<u>Work Phone:</u>
<u>No. Of Dependents:</u>	<u>Other Phone:</u>

<u>Other Person(s) To Occupy Apartment; Other than Lease Holder(s) – Photo Required:</u>
<u>Full Name(s):</u>
<u>Age(s) / Relationship:</u>
<u>Soc. Sec. No(s):</u>
<u>Applicant No. 1 and/or 2 (Please note) additional Source(s) of Income / Assets (Part-Time Job, Assistance, Child Support, Disability, Pension Assets, etc.)</u>
<u>Amount:</u>
<u>Type:</u>
<u>Received From:</u>
<u>To Be Verified By:</u>
<u>Phone:</u>

RESIDENT VERIFICATION INQUIRY - CONFIDENTIAL!**DATE:****TO (Name of Applicant's Landlord):****Phone and Fax (Of Applicant's Landlord):****From: LAURA AND RALEIGH WOODFORD, MANAGERS; LINDEN TOWERS APARTMENTS****Applicant's Name:****Applicant's Current Address:****How Long at this address? Move-In Date and Lease-End / Move-Out Date:****Applicant's Home Phone:****Applicant's Current Rent:****No. Of Occupants / No. Of Pets (Describe):**

As is customary in the business, I/WE understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I/WE understand that an investigative consumer report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of investigation requested may include information obtained through personal interviews concerning residence verification, marital status, and number of dependents, employment, occupation, habits, reputation and mode of living.

Applicant's Signature / Date:**TO BE COMPLETED BY LANDLORD:**

The person named above has applied for housing at Linden Towers Apartments. Authorization has been given by the applicant to release information pertaining to rental history under your management. We would appreciate your immediate attention to this matter. Please indicate if any of the information above is incorrect. Your reply will be confidential, except upon the request of the applicant. See authorization release above.

All of the above information is correct to the best of my knowledge.

The above information is NOT correct to the best of my knowledge for the following reasons:

Any Late Payments; 5-Day Notices; Proper Notice to Vacate; Other Complaints:**LANDLORD'S SIGNATURE / TITLE / DATE:****Please feel free to call us if you need more information. Thank you in advance for your prompt attention!**

EMPLOYEE VERIFICATION INQUIRY - CONFIDENTIAL!**DATE:****TO (Name of Applicant's Employer):****Phone & Fax (Of Applicant's Employer):****From: LAURA AND RALEIGH WOODFORD, MANAGERS; LINDEN TOWERS APARTMENTS****EMPLOYMENT HISTORY OF (Applicant's Name):****Applicant's Soc. Sec. No.:****Employers Name / Address:****Employers Phone:****How long at current job? Please give dates:****Position/Department:****Monthly Salary:**

As is customary in the business, I/WE understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I/WE understand that an investigative consumer report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of investigation requested may include information obtained through personal interviews concerning residence verification, marital status, and number of dependents, employment, occupation, habits, reputation and mode of living.

Applicant's Signature / Date:**TO BE COMPLETED BY EMPLOYER:**

The person named above has applied for housing at Linden Towers Apartments. Authorization has been given by the applicant to release information pertaining to both employment and earnings. We would appreciate your immediate attention to this matter. Please indicate if any of the information above is incorrect. Your reply will be confidential, except upon the request of the applicant. See authorization release above.

All of the above information is correct to the best of my knowledge.

The above information is NOT correct to the best of my knowledge for the following reasons:

EMPLOYER'S SIGNATURE / TITLE / DATE:

Please feel free to call us if you need more information. Thank you in advance for your prompt attention!

BANK ACCOUNT (S); INDICATE APPLICANTS 1 AND/OR 2 AND BRANCH AND SERVICE USED**Name on Account:****Savings Account No.:****Checking Account No.:****Phone:****Address:****MAJOR CREDIT CARD (S) AND CHARGE ACCOUNT REFERENCE (S); INDICATE APPLICANTS 1 AND/OR 2****Name on Account:****Account No.:****Phone:****Address:****AUTO (S); INDICATE APPLICANTS 1 AND/OR 2****Make/Year:****License No./State:****Model/Color:****Monthly Auto Payment:****Paid To/Address:****Account No.:****REFERENCES; INDICATE APPLICANTS 1 AND/OR 2****Name of Nearest Relative:****Relationship:****Phone:****Address:****In Case of Emergency Please Contact:****Relationship:****Phone:****Address:****Personal Reference (No Relatives Please):****Relationship:****Phone:****Address:**

I/we hereby apply for and offer to lease the apartment described herein for the lease term stated, at the rental and upon the terms and conditions set forth herein and in Owner's standard lease form. I/WE warrant that all of the representations in this application are true and correct.

1. I/WE understand that occupancy of the apartment is limited to persons listed above under "persons to occupy apartment." I/WE understand that if children are occupants of the premises it is my responsibility to supply adequate supervision at all times.
2. Simultaneously with the execution of the application I/WE am making a deposit in a sum Of \$_____ plus \$_____ charge for an investigative report, it is being understood that the charge for the investigative report is not refundable. Upon execution of the lease by me it is understood that the Owner will retain the deposit and applied to the security deposit under the terms and conditions contained in the lease. It is further understood that at the time I/WE execute the lease on the premises I/WE will pay the first month's rental and the balance of the Security Deposit. I/WE understand that a covenant of the lease required rental payments on or before the first day of each and every month in advance.
3. I/WE agree that the Owner may retain said deposit as liquidated damages for its costs and expenses, and not as a penalty, if for any of the representations made by me herein are false. I/WE further agree that my deposit is non-refundable (except for the provision of paragraph 5 herein) and the deposit will be retained if I/WE do not execute a lease for the apartment described herein (or any other apartment mutually agreed upon).
4. I/WE agree that Owner will refund said deposit to me if the apartment specified (or any other apartment mutually agreed upon) is not available, or if the Owner for any reason rejects this application.
5. I/WE understand that I/WE acquire no rights on any apartment until I/WE sign a lease in the form submitted to me; until all moneys are paid to the Owner as set forth above; and the lease is executed by the Owner.
6. As is customary in the business, I/WE understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I/WE understand that an investigative consumer report will be made which may include information as to my character, general reputation, personal characteristics and mode of living. The nature and scope of investigation requested may include information obtained through personal interviews concerning residence verification, marital status, and number of dependents, employment, occupation, habits, reputation and mode of living.
7. I/WE understand that my application may be rejected if during the investigation there are found to be judgments, lien(s), or bankruptcy in my personal credit history.
8. I/WE agree to submit to Owner a valid photo identification (such as a state driver's license) that will be photocopied and made a part of this application.
9. Waterbeds and or Pets are not allowed without prior written authorization. Do you have a pet? Yes____No____. Do you have a waterbed? Yes___No_____.

PLEASE TELL US HOW YOU HEARD ABOUT OUR APARTMENTS:

Drive-By / Referred / Phone Book / Relcon / Other:

S/D IS NON-REFUNDABLE AFTER 72-HOURS AND HOLDS APARTMENT FOR A MAXIMUM OF 60 DAYS.

Applicant's Signature/Date

Applicant's Signature/Date