



RENTAL APPLICATION

1. Please submit your application with the \$40 non-refundable application fee to APT Lease-up & Marketing LLC, payable by credit card or check.
2. Apartments are limited and will be leased on a first-come, first-serve basis. The acceptance of this application does not ensure an accommodation. An apartment is reserved only upon payment of security deposit and execution of the lease agreement by all parties. Rents subject to change.

APPLICANT INFORMATION

Full Name _____ Cell Phone () _____

Social Security # _____ - _____ - _____ Date of Birth: ___/___/___

Email Address: _____ (optional) Other Phone () _____

Current Local Address: _____
(STREET) (CITY) (STATE) (ZIP)

Owner/Agent _____ Phone () _____

Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____

Previous Address: _____
(STREET) (CITY) (STATE) (ZIP)

Owner/Agent _____ Phone () _____

Please provide information for:

Driver's License State ID Number: _____ State: _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past? Yes _____ No _____
If yes, when: _____

Have you ever been evicted from any residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

PLEASE LIST ALL PETS THAT ARE REQUESTED TO LIVE IN THE APARTMENT:

TYPE: _____ BREED: _____ WEIGHT: _____
TYPE: _____ BREED: _____ WEIGHT: _____

PLEASE LIST ALL OTHERS THAT WILL BE LIVING IN THE APARTMENT (FULL NAMES):

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: Full Time Part Time Student Unemployed _____
Employer _____
Dates employed _____ Employed as _____
Phone () _____ Annual Income: _____
(If employed by above less than 12 months, give name & phone of previous employer or school: _____.)

CO-APPLICANT INFORMATION

Full Name _____ Cell Phone () _____

Social Security # _____ - _____ - _____ Date of Birth: ___/___/___

Email Address: _____ (optional) Other Phone () _____

Current Local Address: _____
(STREET) (CITY) (STATE) (ZIP)

Owner/Agent _____ Phone () _____

Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____

Previous Address: _____
(STREET) (CITY) (STATE) (ZIP)

Owner/Agent _____ Phone () _____

Please provide information for:

Driver's License State ID Number: _____ State: _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past? Yes _____ No _____
If yes, when: _____

Have you ever been evicted from any residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: Full Time Part Time Student Unemployed _____
Employer _____
Dates employed _____ Employed as _____
Phone () _____ Annual Income: _____
(If employed by above less than 12 months, give name & phone of previous employer or school: _____.)

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact Name _____

PLEASE LIST YOUR REFERENCES

Banking Accounts:

Name _____ Type of Account _____

Name _____ Type of Account _____

Personal Reference or Emergency Contact:

Name _____ Address _____

Phone _____ Relationship _____

Parking/Vehicle Information:

Make / Model _____ Year _____ License Plate State _____

Make / Model _____ Year _____ License Plate State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth. I hereby deposit \$ _____ as earnest money for apartment _____ Located at _____ Upon verbal acceptance by the owner or agent, this deposit shall be retained as part of the security deposit and this amount is non-refundable otherwise. When so approved and accepted, I agree to execute a lease for 12 months before possession is given and to pay the balance of the security deposit prior to the move in date.

If the applicant is not approved or accepted by the owner or agent, the deposit will be refunded. I hereby waive any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with other with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application. The above information, to the best of my knowledge, is true and correct. **I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment with this owner/manager.**

Applicant Signature: X _____

Date: _____

Co-applicant Signature: X _____

Date: _____



Application Fee Credit Card Authorization Form

I, _____, authorize APT Lease-up & Marketing LLC to charge my credit card an application fee for UNIT ____ located at _____.

I authorize a one-time charge against my credit card for the follow amount \$ 40.00 USD

CARDHOLDER INFORMATION

Name on Card:

Billing Street Address:

Billing City: _____ State: _____ Zip Code: _____

Email _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

CC Number:

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____

Resident agrees that all information provided is accurate and complete. Resident acknowledges that he/she is solely responsible for providing accurate information on this form. Signature below acknowledges clear understanding of terms as stated above.

Signature