

Application for Lease

Equal Housing Opportunity

Agent: _____	Referred By: _____
Amount of Deposit: _____	
Office receipt by: _____	
Special remarks: _____	

Move in Date: _____ / ____ /10
 Type of Unit: _____ / ____ /10
 Gas _____ Apartment Number: _____ Date lease begins: ____ / ____ /10
 Rent per month: _____ Including: _____ Excluding: _____

Head of Household:	Head of Household:
(1)	(2)
First Middle Last	First Middle Last
OTHERS:	
(1)	
First Middle Last	Age Sex Relationship
(2)	
First Middle Last	Age Sex Relationship

Do you contemplate or expect any additional occupants within the next 6 months?

(1) Head of Household:	(2) Head of Household:
Age: _____	Age: _____
Birth Date: _____	Birth Date: _____
Drivers License Number: _____	Drivers License Number: _____
Social Security Number: _____	Social Security Number: _____
Current Address: _____	Current Address: _____
City: _____	City: _____
Zip Code: _____	Zip Code: _____
How long have you lived at this address? _____	How long have you lived at this address? _____

Current phone number: _____	Current phone number: _____
Previous landlord's name and address: _____	Previous landlord's name and address: _____

Gross Weekly Income: _____	Gross Weekly Income: _____
Gross Yearly Income: _____	Gross Yearly Income: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Name of Supervisor: _____	Name of Supervisor: _____
Length of Employment: _____	Length of Employment: _____
Address of Business: _____	Address of Business: _____

Work Phone number: _____ Work Phone number: _____
 Cell Phone Number: _____ Cell Phone Number: _____
 Email address: _____ Email address: _____

Additional Income: _____ **Source:** _____

Bank References (Print Names): _____	Savings/Checking Account Number: _____

Number of Automobiles:

Make: _____	Year: _____	License #: _____
Make: _____	Year: _____	License #: _____

Closet Relative in case of an emergency:	
Address: _____	
Phone: _____	
Relationship: _____	

READ THIS CAREFULLY BEFORE SIGNING:
IT IS CLEARLY UNDERSTOOD AND AGREED THAT NO PETS ARE PERMITTED!
 I (we) understand that this application is subject to the approval of Landlord, I (we) give permission to contact any references which I (we) named and understand that a routine credit investigation may be done. I (we) agree in order to verify my (our) income, to produce copies of last pay stub, and/or income tax return. This application shall not be construed as an offer to reside in the apartment applied for. Landlord has the right to obtain an investigative consumer report containing information which might reflect on the character, and general reputation of the applicant. Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq., as amended by the Consumer Credit Reporting Reform Act of 1996 (Public Law 104-208, the Omnibus Consolidated Appropriation Act for the Fiscal Year 1997, title II, Subtitle D, Chapter 1), the applicant has the right to request the nature and scope of the investigative report, additionally, the applicant has the right to obtain a copy of the credit report. The address of the consumer reporting companies are, Trans Union Consumer Relations, P.O.Box 390 Springfield, Pa. 19064. Phone 1-800-858-8336 or First American Registry, Inc., 11140 Rockville Pike, Suite 1200, Rockville, Md. 20852 1-800-999-0350. Pursuant to section 615 of the Fair Credit Reporting Act, we are notifying you that the above agencies only provided information about your credit history. It took no part in making any decisions concerning your rental application, nor can it explain any decision. Pursuant to Section 612 of the Fair Credit Reporting Act, you have must request the copy within 60 days of the date of this application. Pursuant to Section 611 of the Fair Credit Reporting Act, if you dispute any of the information in your report, you have the right to put into your report a consumer statement of up to 100 words explaining your position on the item under dispute.

DEPOSITS ARE NON REFUNDABLE!!!!
Applicants Signature(s): _____