



APPLICATION FOR LEASE

COMMUNITY: _____

DATE: ____/____/____

TIME: _____ AM PM

Type of Apartment Desired: STUDIO _____ 1 BR _____ 2 BR _____ 3 BR _____ GARDEN _____ TOWNHOUSE _____

Date Occupancy Desired: ____/____/____ Traffic Source: _____ Agent: _____

APARTMENT OCCUPANTS (Note: All adults to occupy apartment must sign the lease.)

NAME: (Head of Household) Phone#: Phone Provider: E-mail:	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	SOCIAL SECURITY NO.
NAME: Phone#: E-mail:	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	SOCIAL SECURITY NO.
NAME: Phone#: E-mail:	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	SOCIAL SECURITY NO.
NAME: Phone#: E-mail:	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	SOCIAL SECURITY NO.
NAME: Phone#: E-mail:	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	SOCIAL SECURITY NO.

IN CASE OF EMERGENCY - NOTIFY: (Nearest relatives not living with you.)

Name:	Address:	City/State/Zip:	Phone:	Relationship:
Name:	Address:	City/State/Zip:	Phone:	Relationship:

COMPLETE THE FOLLOWING WHERE APPLICABLE:

EMPLOYMENT

Present Employer: (Name of Company)	Address:	Business Phone: ()
Supervisor's Name: Phone:	Your Position: How Long?	Gross Income: \$ <input type="checkbox"/> Year <input type="checkbox"/> Month
Former Employer:	Address:	Business Phone: ()
Supervisor's Name: Phone:	Your Position: How Long?	Gross Income: \$ <input type="checkbox"/> Year <input type="checkbox"/> Month
Spouse's Present Employer:	Address:	Business Phone: ()
Supervisor's Name: Phone:	Position - Spouse: How Long?	Gross Income: \$ <input type="checkbox"/> Year <input type="checkbox"/> Month

OTHER INCOME (i.e. part-time job, assistance, disability, pensions, asset interest, etc.)

Source:	Monthly Gross: \$	Source:	Monthly Gross: \$	Source:	Monthly Gross: \$

Income from alimony, child support or maintenance payments need not be revealed if you choose not to disclose such income. Is any of the above monthly income derived from alimony, child support or maintenance payment Yes No

RESIDENCE HISTORY

Present Address:	Apt./Landlord/Mortgage	Name:	Business Phone:	How Long?	Monthly Payments: \$	Reason for Moving from Present Address: <input type="checkbox"/> Job Transfer <input type="checkbox"/> Better Location <input type="checkbox"/> Price <input type="checkbox"/> Management <input type="checkbox"/> Maintenance <input type="checkbox"/> Other
Former Address:	Apt./Landlord/Mortgage	Name:	Business Phone:	How Long?	Monthly Payments: \$	

BUSINESS REFERENCES

BANK(S)	Institution:	Address:	City/State/Zip:
	Account #: Checking -	Savings -	Name on Account:
SAVINGS & LOAN	Institution:	Address:	City/State/Zip:
	Account #: Checking -	Savings -	Name on Account:
OTHER	Institution:	Address:	City/State/Zip:
	Account #: Checking -	Savings -	Name on Account:

APPLICATION CONTINUED ON REVERSE SIDE

CREDIT REFERENCES (List all open credit and loan accounts. Show what loan covers; ie auto, motorcycle, boat, house, etc)

Paid To:	Account #:	For:	Monthly Payments: \$	Balance Owed: \$

AUTO(S) - MOTORCYCLE - BOAT - CAMPER / RV - PET - LIQUID-FILLED FURNITURE

Driver's License #: _____ State: _____		Spouse's Driver's License #: _____ State: _____	
Auto(s): Make: _____ Year: _____ Lic. Plate # / State: _____	Auto(s): Make: _____ Year: _____ Lic. Plate # / State: _____		
Auto(s): Make: _____ Year: _____ Lic. Plate # / State: _____	Auto(s): Make: _____ Year: _____ Lic. Plate # / State: _____		
Liquid-Filled Furniture <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	Pets <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____		Weight at Maturity: _____
Motorcycle: <input type="checkbox"/> Yes <input type="checkbox"/> No Make: _____	Boat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size/Make: _____	Camper / RV: <input type="checkbox"/> Yes <input type="checkbox"/> No Size/Make: _____

GENERAL

Have you or your spouse ever been sued? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, Explain: _____
Have you or your spouse ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, When: _____ Where?: _____
Have you or your spouse ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, Explain: _____

Use this area for any additional information you feel might expedite your application:

- I 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 Lessor's standard lease form. I warrant that all of the representations in this application are true and correct.
- I understand that occupancy of the apartment is limited to persons listed above under "Apartment Occupants". I understand that if children are occupants of the premises it is my responsibility to supply adequate supervision at all times.
- With the execution of this application I am (1) making a deposit in the sum of \$_____ (2) paying an administrative fee in the sum of \$_____ and (3) paying an investigative report charge in the sum of \$_____. It is understood that the charge for the investigative report is NOT refundable, Upon execution of the lease by me it is understood that this deposit will be retained by the Lessor and applied to the security Deposit under the terms and conditions contained in the lease. It is further understood that at the time I execute the lease on the premises I will pay the first month's rental and the balance of the Security Deposit. I understand that a covenant of the lease requires rental payments on or before the first day of each and every month thereafter in advance.
- I agree that the Lessor may retain said deposit and administrative fee as liquidated damages for its costs and expenses, and not as a penalty (except for the provision of paragraph 5 herein) if: (1) any of the representations made by me herein are false, or (2) if an apartment is held for me for more than seventy-two (72) hours from the inception of the application and I do not execute a lease for the apartment described herein (or any other apartment mutually agreed upon).**
- I understand that Lessor will refund said deposit to me if the apartment specified (or any other apartment mutually agreed upon) is not available, or if this application is rejected by the Lessor for any reason.
- I understand that I acquire no rights on any apartment until I sign a lease in the form submitted to me; until all monies are paid to the Lessor as set forth above; and the lease is executed by Lessor.
- As is customary in the business, I understand that routine inquiries may be made with respect to my tenancy. In compliance with the Fair Credit Reporting Act, I 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 the investigation requested may include information obtained through personal interviews concerning residence verification, marital status, number of dependents, employment, occupation, habits, reputation and mode of living.
- I 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.
- I agree to submit to Lessor valid photo identification (such as a state driver's license).
- Liquid-filled furniture (waterbeds, etc.), boats, campers/RVs and/or pets are not allowed without prior written authorization.**

The term "Lessor" shall include the Owner of the Community as Landlord and Michelson Realty Company LLC as managing agent for owner.

Signature: _____ Applicant	Date: ____/____/____
Signature: _____ Applicant	Date: ____/____/____
Signature: _____ Applicant	Date: ____/____/____
Signature: _____ Authorized Agent	Date: ____/____/____