

APPLICANT	Last name	First	Middle	DRIVER'S LICENSE # and STATE	Soc. Sec. #
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PHONE NUMBER	Birth day	Month	Day	Year	EMAIL:
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Other Persons to occupy rental property	1	FULL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	Total # of occupants: Do you have a waterbed? () Yes () No Do you have renter's insurance ? () Yes () No Company: Do you have a pet ? () Yes () No Type/weight
	2				
	3				
	4				
	5				
	6				

PART 1 RESIDENT HISTORY (2 YEARS)

APPLICANT	Present Address	City	State	Zip	How Long? from _____ to _____	() Own () Rent	Phone	Monthly Payment \$
Name of Present Landlord/Mortgage Co.					City	State	Zip	Day Phone () Night Phone ()

PART 2 PREVIOUS RESIDENCE HISTORY (2 YEARS)

APPLICANT	Previous Address	City	State	Zip	How Long? from _____ to _____	() Own () Rent	Phone ()	Monthly Payment \$
Name of Present Landlord/Mortgage Co.					City	State	Zip	Day Phone () Night Phone ()

PART 3 EMPLOYMENT HISTORY (2 YEARS)

APPLICANT	Employed By	Department	Supervisor's Name/Co.	How Long? from _____ to _____			
Address			City	State	Phone	Position Held/Occupation	Monthly Salary \$

ADDITIONAL INCOME: Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.
Source: Amount of \$ _____ per _____ Source _____

PART 4 IMPORTANT INFORMATION

AUTO #1 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$		
AUTO #2 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$		
Emergency Contact	Relationship	Address	City	State	Zip	Phone ()
Personal Reference	Relationship	Address	City	State	Zip	Phone ()

NON-REFUNDABLE APPLICATION FEE \$35 per adult
In compliance with the State and Federal laws, this is to inform you that an investigation involving the statements made on your

rental application for residency at the above mentioned apartment community is being initiated.

Have you or any family member or other person planning to reside in our community ever filed bankruptcy?

YES _____ NO _____

Have you or any family member or other person planning to reside in our community ever been indicted or convicted of any felony or misdemeanor offense?

YES _____ NO _____

Have you or any family member or other person planning to reside in our community ever been convicted pled guilty or "No Contest" to a sexual offense?

YES _____ NO _____

HAVE YOU EVER BEEN EVICTED?

YES _____ NO _____

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Marmalade Hill Apartments to obtain credit reports, character reports, verification of rental history, income history, IRS Income taxes, pension verifications, bank verifications and employment history as necessary to verify all information put forth in the above referenced application for residency. Faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

I/We are aware that an incomplete application causes a delay in processing and may result in denial of this application for tenancy.

In addition, applicant has paid \$_____ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 24 hours of the date of deposit, the \$_____ holding deposit shall be refunded. After that initial 24 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$_____ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

It is acknowledged and agreed that during the tenancy all persons occupying the premises will be legally residing within the United States.

Signed _____ Dated _____
Applicant

Signed _____ Title _____ Dated _____
Agent for Owner

How did you hear about our Apartments? _____

I was referred by _____ [] Friend [] Resident

If Resident, Name _____ Apt# _____

