(Please print legibly) ADDRESS OF APT		Date of Application_	Date of Showing_	
When are you planning to start a lease at this address?PERSONAL INFORMATION		How long would you like to rent this apartment?		
First Name	Middle	Last Name		
Date of Birth	Mobile #	Email		
Social Security No	Drivers Li	icense No		
co-applicants #1	g in the apartment? (l #2	Each adult must complete a	n application) List names and age:#4	of all
APPLICANT'S RENTAL HIST	ORY			
Current address	City	StZip	How long have you lived th	ere?
Landlord / Dwner / Property Ma	anadar Firet	1 261		
Current landlord phone	(require	ed) Current rent/month	Are utilities included?ed a 5-day notice, or asked to lea	
Reason for moving?	Have yοι	u ever been evicted, serve	ed a 5-day notice, or asked to lea	ave ?
Are you related to your landlord	d?			
If you have been at your curr	ent address for less than to	<u>wo years</u> please provide	information on previous land	lord:
Previous address	City	St Zip_	How long have you lived t s landlord's phone	nere?
Previous landlord: First	Last	Previou	s landlord's phone	
CURRENT EMPLOYMENT				
	Hov	y long? Employe	'e Phone	
Address	TIOW	v long: Employe	r's Phone Zip fonthly Gross Income	
Position	Supervisor/Manager		Inthly Gross Income	
PREVIOUS EMPLOYMENT	Supervisor/iviariager	'' ¹	nonliny Gross income	
Employer	L	low long? Emplo	vor's Phono	
Address	11	ow long:Emplo	7in	
Position	Supervisor/Manager	Si	yer's Phone Zip Monthly Gross Income	
1 031(1011	Oupervisor/iviariager		Monthly Gross Income	
OTHER INCOME SOURCES				
	How much /month?	Source 2	How much /mont	h?
REFERENCES				
Personal Reference (Closest no	n relative non applicant) Nam	ie.	Phone	
Emergency contact	Phor	ne		
				
DEBTS/ MONTHLY PAYMEN	FS (i,e. child support, alimon	y, student loans, or credit	card)	
Type of debtMont				
	,,,			
FINANCIAL				
Do you have any financial judg	ments against you (paid or u	npaid)? If Yes, pleas	e describe in an email when you	r application.
Do you give permission for a pr	rior landlord reference and cr	redit check?	(Very Important)	
, , , , , , , , , , , , , , , , , , , ,			, ,	
PARKING/PETS/SMOKING O	THER INFORMATION			
Do you smoke? Will you	allow your guests to smoke	in your unit? Do you	have pets? If so, what	
type For dogs w	hat breed and age?	,,	? Do you have a car?H	ow many
parking spaces total do you red	uire ? On a 1 to 10	scale (with 10 being the I	nighest or most), how loud do yo	u listen to
			evening do you consider quiet/st	
time? If required w	ould you be prepared to hav	e a parent or guardian co	sign as a guarantor?	,
	cala you so propared to have	o a parom or guaranan oo		
ARE YOU A STUDENT? (skip	if no)			
If you what is your major and a	ollogo/university		Do you give per	mission for a
reference check with Campus I	Housing and/or Student Affai	rs? Have you	ever had disciplinary action taker	າ against vou
or have been written up by carr	nous authorities while a stude	ent at your college/univers	sity? If Yes, please by en	nail with
application.				
Applications should be sent as	PDFs and emailed to the ac	ddresses(s) below. Put the	address in the subject line. If the	nere is anv
			your email or cover letter with yo	
			nission. Any misrepresentations	
on this application will result in			,	
11				
Signature		Date		
E 11 11 11 11 E		a=a aaaa /:	-	