

# RENTAL APPLICATION

## Arborview Apartments

To determine your eligibility for occupancy, you must provide the following information on this application. This information will be kept confidential except as necessary to prove that you qualify.

### FOR OFFICE USE ONLY

Received Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_  AM  PM Anticipated Move-In Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Apartment #: \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_

### OCCUPANCY INFORMATION: *(List ALL Occupants Residing in the Household)*

Current Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

LAST NAME	FIRST NAME & MIDDLE INITIAL	RELATIONSHIP	DATE OF BIRTH	SEX? M or F	SOCIAL SECURITY #

### HOUSING REFERENCES: *(For Past 3 Years, Write More on Back if Necessary)*

Landlord's Name: \_\_\_\_\_ Your CURRENT Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

Rent \$ \_\_\_\_\_  Mortgage \$ \_\_\_\_\_  Live With Family/Friends

Phone Number: ( ) \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: **PRESENT**

Landlord's Name: \_\_\_\_\_ Your Previous Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

Rent \$ \_\_\_\_\_  Mortgage \$ \_\_\_\_\_  Live With Family/Friends

Phone Number: ( ) \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Applicant(s) Initials:** \_\_\_\_\_ 1 of 4

- Yes**  **No** Have you ever been evicted from an apartment, house, or trailer for any reason?  
If yes, please explain: \_\_\_\_\_
- Yes**  **No** Have you ever received a written notice for non-payment of rent? If yes, please explain and list how many times you received such a notice: \_\_\_\_\_
- Yes**  **No** Do you have the right to legally enter into a lease?

**EMPLOYMENT INCOME: (Exclude Employment of Persons 17 Years or Younger)**

Not Employed:  Retired  Not Looking  Looking      Applicant's Name: \_\_\_\_\_  
 Not Employed:  Retired  Not Looking  Looking      Applicant's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Income (Including Overtime, Tips, etc.) \$ \_\_\_\_\_  
**Current** Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: **PRESENT** Fax Number: (\_\_\_\_) \_\_\_\_\_

**Previous      Other**

Applicant's Name: \_\_\_\_\_ Income (Including Overtime, Tips, etc.) \$ \_\_\_\_\_  
 Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_



Does any household member expect to receive any of the following within the next twelve (12) months?

Alimony/Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF (Temporary Aid)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuities/Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid (School)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's/Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Gifts/Cash	Yes No	Social Security/SSI	Yes No	Other _____	Yes No

For any income answered "Yes" above, please complete the following:

INCOME TYPE	WHO'S INCOME?	CONTACT	PHONE	FAX	AMOUNT RECEIVED
					\$
					\$
					\$

Applicant(s) Initials: \_\_\_\_\_ 2 of 4

**ADDITIONAL QUESTIONS: (ALL Must Be Answered Yes or No)**

Yes  No Do you own a pet? If yes, please explain: \_\_\_\_\_

Yes  No Have you ever been convicted of or pleaded guilty or "no contest" to a felony?  
(Whether or not resulting in a conviction.) If yes, please explain: \_\_\_\_\_

Yes  No Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual  
misconduct? (Whether or not resulting in a conviction.)  
If yes, please explain: \_\_\_\_\_

Yes  No Have you ever been convicted of or pleaded guilty or "no contest" to offenses relating to manufacturing,  
distribution, or intent-to-distribute a controlled substance? (Whether or not resulting in a conviction.)  
If yes, please explain: \_\_\_\_\_

**VEHICLE INFORMATION: (List ALL Vehicles)**

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**EMERGENCY CONTACT: (Nearest Living Relative/Friend, Not Residing in this Household)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

**APPLICANT AGREES: *(Read Completely and Carefully)***

I/We consent to release the information listed on this application in order to qualify for occupancy or ownership at the property. I/We agree to provide verification of all income as required by the Agent. I/We further authorize disclosure of all information, which will verify my/our income. This application is not a rental agreement, contract, or lease. All applications are subject to the approval of the Managing Agent.

Acceptance of this application and any monies deposited herewith is not considered binding upon the Managing Agent.

By signing this application, you declare that all of your responses are true and complete and authorize the Managing Agent to verify this information (including a written credit report and police record). Any false statement on this application can lead to rejection of your application or immediate termination of your lease.

ANY HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**