

# Rental Application

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last Suffix

Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last Suffix

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**List all other occupants below:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship

How long at present address? \_\_\_\_\_ Rent? \_\_\_\_\_ Own? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Present Apt. Community/Mortgage Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ How long at this address? \_\_\_\_\_  
Street City State Zip

Rent? \_\_\_ Own? \_\_\_ Previous Apt. Community/ Mortgage Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

**Other sources of income you would like for us to consider:**

Source of Income \_\_\_\_\_ Amount \_\_\_\_\_

Source of Income \_\_\_\_\_ Amount \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ Convicted of a felony? \_\_\_\_\_ Filed Bankruptcy? \_\_\_\_\_

If yes to any of the above, please explain \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If so, what kind? \_\_\_\_\_ Breed \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Weight \_\_\_\_\_

\*There is a maximum of two pets per apartment allowed. The weight limit for pets is eighty (80) lbs. at full maturity. Pets of a vicious nature such as Dobermans, Rottweilers, Chows, German Shepherds and Pit Bulls are not allowed in the community.

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_

_____ Vehicle Make/Model	_____ Year	_____ Color	_____ Tag Number	_____ State
_____ Vehicle Make/Model	_____ Year	_____ Color	_____ Tag Number	_____ State

**Please list two emergency contacts:**

_____ Primary Contact Name	_____ Address	_____ City	_____ State	_____ Zip
_____ Relationship to Applicant	_____ Home Phone	_____ Work or Cell Phone		
_____ Secondary Contact Name	_____ Address	_____ City	_____ State	_____ Zip
_____ Relationship to Applicant	_____ Home Phone	_____ Work or Cell Phone		

**\*In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.**

\_\_\_\_\_ **Initial for Authorized Access**

**Fair Housing**

In accordance with federal fair housing laws it is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin in connection with the rental of most housing. The federal agency which administers compliance with this law is the U. S. Department of Housing and Urban Development.

**Equal Credit Opportunity Act**

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law is the U. S. Equal Credit Opportunity, Federal Trade Commission.

**Smoke Free Community**

I understand that this is a smoke free community.

\_\_\_\_\_      \_\_\_\_\_  
Initials      Initials

**Application Fee**

Applicant has submitted the sum of \$\_\_\_\_\_ which is a non-refundable payment for the processing of this application. The application fee is not a rental payment or security deposit.

\_\_\_\_\_      \_\_\_\_\_  
Initials      Initials

**Security Deposit**

Applicant has submitted the sum of \$\_\_\_\_\_ which is payment of the security deposit for an apartment. If for any reason the application is declined by management, the security deposit will be refunded in full. If the application is approved and applicant fails to occupy the premises on the agreed upon date, except due to delay caused by construction or the holding over of a prior resident, applicant will forfeit the security deposit. Applicant understands and agrees that if applicant cancel more than 72 hours after the submission of the application to management, the security deposit will be forfeited.

\_\_\_\_\_      \_\_\_\_\_  
Initials      Initials

**Administrative Fee**

Applicant has submitted the sum of \$\_\_\_\_\_ which is payment of the administrative fee for an apartment. If for any reason the application is declined by management, the administrative fee will be refunded in full. If the application is approved by management, the administrative fee is non-refundable. The administrative fee is not a rental payment or a security deposit.

\_\_\_\_\_      \_\_\_\_\_  
Initials      Initials

**Permission to Release Information**

I warrant and represent that the information submitted on this application is true and correct. I understand that any false information will constitute grounds for rejection of the application. I hereby authorize the release of all credit, income and rental/mortgage information to the agents and/or employees of Crowne Partners. I understand that the lease agreement will not become effective until this application is approved by management.

_____ Applicant Signature	_____ Date	_____ Authorized Agent for Owner
_____ Date Received		

\_\_\_\_\_  
Spouse Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address