

LOTHLORIEN APARTMENTS RENTAL APPLICATION

(Please Fill in All Spaces)

r. Name _____ Married _____ Single _____

Date Of Birth _____ Present Phone (____) _____ SSN _____

2. Information About Other Occupants (Separate application required for all adults except spouse):

Name _____ Relationship _____ Age (if under 18) _____ SSN _____

a. _____

b. _____

c. _____

3. Will any pet or assistive animal of any type live in your apartment? Yes _____ No _____ If yes Describe:

Type _____ Weight _____ Spayed/Neutered _____ Licensed _____

4. Resident Information:

Current Residence: Address _____ Apt. # _____ City/State _____ Zip _____

How Long? _____ Years _____ Mos. Move in Date _____ Landlord Name _____

Landlord Phone (____) _____

If less than two years at your present address, list previous address below:

Former Residence: Address _____ Apt. # _____ City/State _____ Zip _____

How Long? _____ Years _____ Mos. Move in Date _____ Move out Date _____

Landlord Name _____ Landlord Phone (____) _____

5. Employed By _____ Address _____

Phone (____) _____ Position _____ Start Date _____ How Long? _____ Years _____ Mos. _____

Supervisor's Name _____ Phone (____) _____ Your Monthly Income _____

Other Source for Rental Payment _____

If less than two years at your present employer, list previous employer below:

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long? _____ Years _____ Mos. _____

Supervisor's Name _____ Phone (____) _____ Your Monthly Income _____

6. Spouse or Other Occupants Name _____ DOB _____ SSN _____

(Maiden Name if married less than two years)

Employed by _____ Address _____

Phone (____) _____ Position _____ Start Date _____ How Long? _____ Years _____ Mos. _____

Supervisor's Name _____ Phone (____) _____ Monthly Income _____

Former Employer _____ Address _____

Phone (____) _____ Position _____ How Long? _____ Years _____ Mos. _____

Supervisor's Name _____ Phone (____) _____ Monthly Income _____

7. Your Bank(s) Name Savings/Checking Branch Address

8. Credit References (Bank Cards, Credit Cards, Charge Accounts)
Type Bank/Store/Company Ex. Date
Bank Card
Other

9. Your Driver's License # State Exp. Date
Spouses/Roommate Driver's License #. State Exp. Date

Vehicles You Would Like to Park on the Property:
Make/Model Year Color Plate # State
Auto
Auto/Motorecycle

10. Have you or your Spouse /Roommate in the last three years:
Been late with rent? Yes No Been sued for rent? Yes No Violated a lease? Yes No
Been evicted? Yes No Moved out before the end of lease? Yes No Used illegal drugs? Yes No
Declared bankruptcy? Yes No Distribution or manufactured illegal drugs? Yes No
Been sued for property damages? Yes No Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, prostitution, obscenity and related violations? Yes No

11. Do you have a waterbed? Yes No Do you have waterbed insurance? Yes No

12. Person(s) to notify and persons authorized to take possession of your personal property in Case of Emergency:

For Applicant For Co-Applicant
Name
Address
City/State Zip
Wk.Phone Hm.Phone

DEPOSIT TO HOLD AGREEMENT

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$ and a \$ non-refundable fee for administrative processing. The holding deposit is refundable if my application is approved the holding deposit is credited to the required move-in cost. I may cancel this agreement and be refunded my holding deposit by notifying you of my decision to cancel by 5 p.m. on . Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my "rent start date" or my holding deposit will be forfeited and the apartment rented. (I understand that management's employees are agents of and represent the owner).
Applicant represents that all of the above statements are true and complete and hereby authorizes verification of above information references and credit records. Applicant acknowledges that false information contained herein constitutes ground for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month to month term if false or misleading information is contained in this application. Application agrees to terms of the "Holding Deposit Agreement". This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Applicant's Signature Date
Co-Applicant's Signature Date
Management Signature Date