<b>RENTAL APPLICATION A</b>	AGREEMENT
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I AM INTERESTED IN A 🛛 2-BEDROOM	🗆 3-BEDF	ROOM	APPLICATION FEE IS \$50/adult.
APPLICANT'S FULL NAME:			FOR AGENT USE ONLY:
			Site:
			Туре:
SS#: DRIVERS LIC#:			Address:
DOB:			Garage:
			Extras:
SPOUSE'S FULL NAME:			Pet(s): Value: \$
			Lease Term: Value: \$
SS#:			Total Rent: \$
DRIVERS LIC#:			Possession Date:
DOB:			Total Deposit Due: \$ Application Fee Paid: \$
			Total Deposit Paid: \$
PRIMARY PHONE:			AVAIL. LIST 🗆 RESIDENT DATA SHEET 🗔
OTHER PHONE:			WEEKLY REPORT 🗆 M/I CALENDAR 🗆 PRORATED RENT: \$
EMAIL:			Rolodex Change of Status M/I Package Card Card Card Card Card Card Card Card
□ Single □ Other □ Married □	Widowed	□ Separated	Gas U Water Electric C Cover Sheet C New Tenant Folder C

#### PLEASE LIST ALL OTHER RESIDENTS TO OCCUPY PREMISES:

NAME OF RESIDENT	RELATIONSHIP	AGE
NAME OF RESIDENT	RELATIONSHIP	AGE
NAME OF RESIDENT	RELATIONSHIP	AGE



CREDIT REFERENCES:			
Checking Acct #:	Bank:		
Savings Acct #:	Bank:		
PERSONAL REFERENCES: (Use Local	When Possible)		
Name:			_
Address:			
City:	State:	_Zip:	
Phone:			
Applicant Parents:			
Name:			_
Address:			
City:	State:	Zip:	
Phone:			
Spouse's Parents:			
Name:			-
Address:			
City:	State:	Zip:	
Phone:			
IN CASE OF EMERGENCY:			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Relationsh	ip:	



#### ANSWER 'YES' or 'NO'

Have you any collection, judgments, lieu thereof? □ YES □ NO	or even taken bankruptcy	r, had property foreclosed, or giver	ı deed in
Have you ever been evicted from an	apartment or violated a r	ental agreement or contract? 🗆 YE	ES 🗆 NO
Have you ever been a defendant/pa	rticipant in a lawsuit? 🗆 Y	ES □ NO	
Do you intend to use the premises o	ther than a residence?	YES 🗆 NO	
Have you ever been convicted of a fe	elony? 🗆 YES 🗆 NO		
Have you ever been convicted of be	ing a sex offender or desig	nated as a sexual predator?	
Please Explain any <b>'YES'</b> answers:			
<b>PETS:</b> □ YES □ NO			
Type of Pet:Age:	Breed:	Color:	
Weight:Name:			
Type of Pet:Age:	Breed:	Color:	
Weight:Name:			
NUMBER OF AUTOS OWNED BY ALI	OCCUPANTS: Total #:	(Please Describe)	
YOUR PRESENT AND PRIOR PLACES	OF RESIDENCE (PLEASE G	O BACK AT LEAST FIVE YEARS)	
City:	State:	Zip:	
Present Landlord or Mortgagor			
Monthly Payment:			
Month & Year Moved In:	/Planned Mo	ve Out:///////_	
Owner:			
Landlord's or Mortgagor's Phone # _			
Reason for Leaving:			



PREVIOUS Address:					
City:					
Present Landlord or Mortgagor					
Monthly Payment:					
Month & Year Moved In:	_/	Planned Mov	e Out:	/	/
Owner:					_
Landlord's or Mortgagor's Phone #	·			-	
Reason for Leaving:					
PREVIOUS Address:					
City:					
Present Landlord or Mortgagor					
Monthly Payment:					
Month & Year Moved In:	_/	Planned Mov	e Out:	/	/
Owner:					_
Landlord's or Mortgagor's Phone #	!				
Reason for Leaving:					
PLEASE GIVE YOUR EMPLOYMENT Applicant's Present Place of Emplo		ION			
Work Phone #		_			
Starting Date:/	/	Position:			
Supervisor's Name/Phone #:					
Employer's Address:					
City:					
Applicant's Weekly Gross Income:					

Applicant's Gross Annual Income: \_\_\_\_\_



#### Spouse's Present Place of Employment:

Work Phone #			
Starting Date://	/Position:		
Supervisor's Name/Phone #:			
Employer's Address:			
City:	State:	Zip:	
Applicant's Weekly Gross Income:			
Applicant's Gross Annual Income:			

#### PLEASE BE SURE TO READ THIS SECTION:

Applicant(s) represents that the statements above made are true and correct and hereby authorizes verification of references.

Applicant(s) further understand that we will conduct a credit investigation involving the statements above made in order to obtain any public record and credit history.

The Applicant(s) makes Applications to rent a unit for the rental rate in effect at the date specified unit is to be assigned hereafter, and upon approval of this application to sign a Lease in the form presented by the Landlord.

It is understood by the Applicant(s) that this Application is preliminary only and involves no obligation of the Landlord or the Agents of the Landlord to approve this Application or to delivery occupancy of the unit.

It is understood by the Applicant(s) that a copy of the Lease Agreement used by the Landlord will be furnished upon request.

An APPLICATION FEE of \$\_\_\_\_\_and \$\_\_\_\_\_toward the Security Deposit has been made by Applicant(s) to be held by the Landlord unit:

(1) Applicant(s) execute a Lease in a form presented by the Landlord; (2) this Application is not approved; or (3) Applicant(s) inform the Landlord in writing of his intention to withdraw said Application Fee prior to the date upon which the Landlord assigns a specific unit to the Applicant(s), and provides the Landlord with his forwarding address.

It is understood that upon execution of a Lease in the form presented by the Landlord this Application Fee will not be credited toward the Security Deposit requirement under said Lease.



It is further understood that in the event the		
Landlord, according to the requirements so	-	• • •
will not be returned to the Applicant(s). Or the event the Applicant(s) does not move-		
IN NO EVENT WILL THE APPLICATION FEE	•	
Applicant's Initials:	Date:	
Applicant's Signature		
Spouse's Initials:	Date:	
Spouse's Signature		
Agent:		
Date:		
FOR AGENT USE ONLY		
APPLICANT'S EMPLOYMENT:		
SPOUSE'S EMPLOYMENT:		
RESIDENCE:		
CREDIT/OTHER:		
DATE ASSIGNED & ACCEPTED BY APPLICA	NT:	
LEASING AGENT:		
DATE:	APPROVED:	DENIED:



### **Authorization Request**

To Whom It May Concern:

I hereby authorize you to release Village Green Apartments, for verification purposes, information concerning:

1. Employment, dates, title, income, hours worked, etc.

2. Banking and Saving Account(s) of record.

3. Mortgage loan rating, credit and criminal report; (opening date, high credit, payment amount, loan balance and payment record.)

4. Rental history; (Term of Lease, Payment History, Problems and/or any derogatory information.)

Also, I hereby authorize utility service to be established in my name and agree to pay for such service. This information is for the confidential use of Village Green Townhomes. A photographic or carbon copy of this Authorization, (being photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original. Your prompt response and cooperation to this request is greatly appreciated.

Signature:	
Social Security #:	
Signature:	
Social Security #:	
Signature:	
Social Security #:	