

STANDARD RENTAL APPLICATION

Please print clearly. All questions front & back must be answered.
Use N/A if not applicable. Picture I.D. is required before filling out Application.

APPLICANT #1	APPLICANT #2
Full Name _____	Full Name _____
Previous, alias or Maiden Names: _____	Previous, alias or Maiden Names: _____
BIRTHDAY ___/___/___ Soc.Sec.# _____	BIRTHDAY ___/___/___ Soc.Sec.# _____
Drivers License # and State: _____	Drivers License # and State: _____

PLEASE PRINT:

Occupant #3 _____	SSN# _____	B-day ___/___/___	Relationship _____
Occupant #4 _____	SSN# _____	B-day ___/___/___	Relationship _____
Occupant #5 _____	SSN# _____	B-day ___/___/___	Relationship _____

PLEASE GIVE YOUR RENTAL HISTORY FOR PAST 3 YEARS

PRESENT ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

HOME PHONE # _____ **RENT:\$** _____ **DEP.** _____ **SIZE:** _____ **MANAGER:** _____

LANDLORD PHONE # _____ **House or Apt.(circle one)** **FROM** ___/___/___ **TO:** ___/___/___

Lease expired: ___/___/___ **Proper notice given? Y N (circle one)** **When given?** ___/___/___

Reason for moving? _____ **Is your present address owned, managed by or rented from a family member? Y N**

PREVIOUS ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

RENT:\$ _____ **DEP.\$** _____ **REFUNDED?** _____ **MANAGER:** _____

PHONE # TO VERIFY: _____ **House or Apt. (circle one)** **FROM:** ___/___/___ **TO:** ___/___/___

Lease expired: ___/___/___ **Proper notice given: Y N (circle one)** **When given?** ___/___/___

Reason for moving? _____ **Was your previous address owned, managed by or rented from a family member? Y N**

CREDIT INFORMATION

BANK NAME: _____ **CITY:** _____ **STATE:** _____ **Phone Number:** _____

EMPLOYMENT (If Military, please give rank and Unit I.D. #

APPLICANT #1	APPLICANT #2
Employed By: _____	Employed By: _____
Address/Military Unit: _____	Address/Military Unit: _____
Occupation/Military Rank: _____	Occupation/Military Rank: _____
Date Employed: ___/___/___ Phone: _____	Date Employed: ___/___/___ Phone: _____
Gross Mo.Income:\$ _____	Gross Mo.Income \$ _____
Working Hours: _____ A.M./P.M. to _____ AM/PM	Working Hours: _____ AM/PM to _____ AM/PM
Supervisor: _____ Phone: _____	Supervisor: _____ Phone: _____
Additional Income:\$ _____ Source: _____	Additional Income:\$ _____ Source: _____
PREVIOUS EMPLOYER:	PREVIOUS EMPLOYER:
_____	_____
FROM: ___/___/___ TO: ___/___/___	FROM: ___/___/___ TO: ___/___/___
Occupation/Military Rank: _____	Occupation/Military Rank: _____
Supervisor: _____ Phone: _____	Supervisor: _____ Phone: _____

MOTOR VEHICLE REGISTRATION

	Make	Model	Color	Year	Plate #		State
Vehicle #1							
Vehicle #2							

PERSONAL REFERENCES AND EMERGENCY CONTACT

Please give the name of two persons (not related to you) will serve as a personal reference

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

In case of emergency, please list 2 persons to contact

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

GENERAL INFORMATION:

Have you ever been evicted? Y N For what reason? _____

Surrender Dep. Y N How Much? _____

Refused to pay rent when due? Y N For what reason? _____

Had to pay late fees Y N Been late with rent or other debts? Y N

Received a demand for payment notice? (eviction notice) Y N

Been asked to vacate by the Management? Y N Broken a rental agreement? Y N

Had complaints made about you or your guests being a problem to neighbors? Y N

Do you have a waterbed? Y N It is required that you get waterbed insurance to live on property.

Are you familiar with Renters Insurance? Yes No Ask Manager for info.if answer is no

THIS APPLICATION WILL NOT BE CONSIDERED UNLESS FILLED OUT COMPLETELY

I UNDERSTAND I ACQUIRE NO RIGHTS IN AN APARTMENT UNTIL I SIGN A RENTAL AGREEMENT IN THE FORM SUBMITTED TO ME AND MAKE A DEPOSIT OF \$ _____ ON THE APT. I HAVE SELECTED. IN CONSIDERATION FOR MANAGEMENT HOLDING SAID APARTMENT AT THE RESIDENCE AT SKYWAY__ I HEREBY WAIVE ALL RIGHTS TO THE RETURN OF SAID HOLDING FEE AND DEPOSITS SHALL BE RETAINED AS LIQUIDATED DAMAGES IN THE EVENT I DO NOT ENTER INTO THE AGREEMENT APPLIED FOR HEREIN. IN EVENT SAID APPLICATION FOR TENANCY IS NOT ACCEPTED BY MANAGEMENT, THE HOLDING FEE SHALL BE RETURNED TO THE APPLICANT. APPLICANT HAS **48 HOURS** TO CHANGE HIS/HER DECISION TO MOVE IN AND CONTACT MANAGEMENT TO PICK UP DEPOSIT.

NON-REFUNDABLE APPLICATION FEE \$ 25.00 per person _____ (money order only)

IN COMPLIANCE WITH THE FAIR CREDIT REPORT ACT, THIS IS TO INFORM YOU THAT A CREDIT INVESTIGATION INVOLVING THE STATEMENTS YOU MADE ON YOUR RENTAL APPLICATION FOR TENANCY AT THE ABOVE MENTIONED APARTMENT PROPERTY WILL BE MADE. ALL OR PART OF THE ABOVE INFORMATION MAY BE MADE AVAILABLE TO ALL OTHER SERVICES. THIS ALSO INCLUDES RUNNING A CRIMINAL BACKGROUND CHECK OF ALL APPLICANTS.

I/WE CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE ALL STATEMENTS ARE TRUE AND COMPLETE. I/WE FURTHER AUTHORIZE G.R.A.N. INC. TO OBTAIN CREDIT REPORTS CHARACTER REPORTS AND VERIFY RENTAL HISTORY AS NECESSARY TO ALL THE INFORMATION PUT FORTH IN THE ABOVE REFERENCE APPLICATION FOR TENANCY. FALSE, FRAUDULENT OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENIAL OF TENANCY, OR SUBSEQUENT EVICTION.

APPLICANT #1 SIGNATURE: _____ Date: ____/____/____

APPLICANT #2 SIGNATURE: _____ Date: ____/____/____

Referred By: _____ Date: _____

Full Street Address of unit applying for: _____

Move In Date: _____ Rental Amount: \$ _____ Deposit:\$ _____ I.D copied _____