

Name (First, M.I., Last): _____
 Home Phone Number: _____ Cell Phone Number: _____
 Work Phone Number: _____ Fax Number: _____
 Email Address: _____
 Current Address: Street: _____
 City: _____ State: _____ Zip Code: _____
 Requested Move-In Date: _____ why are you moving? _____
 How many people will be living in the apartment home? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
 Is this a Guarantor/Co-Signer Application? ☐ Yes ☐ No
 If so, Guarantor's/Co-Signer's Relationship to Lessee: _____
 Social Security Number: _____ Date of Birth: _____
 ID Number (example: Driver's License): _____ State Issued: _____
 Have you ever been convicted of a crime other than a minor traffic offense? ☐s ☐b
 Have you ever been evicted? ☐Yes ☐No
 Have you ever been sued for rent? ☐Yes ☐No
 Have you ever been sued for property damages? ☐es ☐No

Current Residence:

Current Residence Mortgage or Rental Company: _____
 Please Check One: ☐ Rent ☐ Own ☐ Other: _____
 Rent or Mortgage Amount: \$ _____ Date you moved in: _____
 Reason for Leaving Residence: _____
 Manager/Contact: _____ Phone Number: _____
 Fax Number: _____ Email Address: _____

If you have lived at your current residence less than six (6) months, a previous address is required.

Previous Address: Street: _____
 City: _____ State: _____ Zip Code: _____
 Previous Residence Mortgage or Rental Company: _____
 Please Check One: ☐ Rent ☐ Own ☐ Other: _____
 Rent or Mortgage Amount: \$ _____ Date you moved in: _____
 Reason for Leaving Residence: _____
 Manager/Contact: _____ Phone Number: _____
 Fax Number: _____ Email Address: _____

Employment:

Current Employer Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Supervisor Name: _____ Phone Number: _____
 Fax Number: _____ Email Address: _____
 Job Title: _____ Start Date: _____
 Gross Annual Income: \$ _____ Additional Annual Income: \$ _____

If you have worked at your current employment less than six (6) months, previous employment is required.

Previous Employer Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Supervisor Name: _____ Phone Number: _____
 Fax Number: _____ Email Address: _____
 Job Title: _____ Start Date: _____
 Gross Annual Income: \$ _____ Additional Annual Income: \$ _____

Name (First, M.I., Last): _____ Relationship: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Work Phone Number: _____ Fax Number: _____
 Email Address: _____

Street: _____
 City: _____ State: _____ Zip Code: _____

In the event of serious illness, death, or other circumstances that would make you unavailable, does this emergency contact have permission to remove your property from your apartment home or common areas? ☐s ☐

All Occupants age 18 and over are obligated to fill out a separate rental application and be listed as a Lessee.

Who is the Head of Household or First Point of Contact living in the apartment home (this can be you or any joint Applicant)? _____

Joint Applicant(s) (all individuals 18 years of age and over):

Name: _____ Name: _____
 Name: _____ Name: _____

Occupants (all individuals under 18 years of age):

Occupant #1:

Name: _____ Social Security Number: _____
 Date of Birth: _____ Relationship: _____

Occupant #2:

Name: _____ Social Security Number: _____
 Date of Birth: _____ Relationship: _____

Occupant #3:

Name: _____ Social Security Number: _____
 Date of Birth: _____ Relationship: _____

Occupant #4:

Name: _____ Social Security Number: _____
 Date of Birth: _____ Relationship: _____

How many vehicles will be parked at the residence in total? _____

Vehicle #1:

Vehicle type: ☐ Car ☐ SUV ☐ Truck ☐ Motorcycle ☐ Other: _____
 Make: _____ Model: _____ Model Year: _____
 Color: _____ License Plate #: _____ License State: _____

Vehicle #2

Vehicle type: ☐ Car ☐ SUV ☐ Truck ☐ Motorcycle ☐ Other: _____
 Make: _____ Model: _____ Model Year: _____
 Color: _____ License Plate #: _____ License State: _____

Will you be bringing any pets? ☐ Yes ☐ No

If yes, please complete the following information:

Pet #1:

Pet Type ☐ Bird ☐ Cat ☐ Dog ☐ Other: _____
 Breed: _____ Weight: _____ pounds Color: _____
 Name: _____ Age: _____

Pet #2:

Pet Type ☐ Bird ☐ Cat ☐ Dog ☐ Other: _____
 Breed: _____ Weight: _____ pounds Color: _____
 Name: _____ Age: _____

Do you owe any outstanding amounts to a previous landlord? ☐ Yes ☐ No

If yes, please explain: _____

Are you in the process of filing or have you ever filed bankruptcy? ☐ Yes ☐ No

If yes, please explain: _____

APPLICANT AUTHORIZATION

1. Landlord relies on the information given above to be complete and accurate in order to act on the application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as grounds for rejection of the application or grounds for an eviction action later.
2. By signing this application, the undersigned authorize(s) the use of any credit reporting and/or screening agencies to verify credit and validate the accuracy of all information recorded above. Further, my/our signature authorizes Landlord and the credit reporting and/or screening agencies to later exchange credit information and access my/our credit report(s) in the event of default of the Lease Agreement for collection or skip tracing purposes.
3. I/We warrant that all of the representations in this application are true and correct. I/We also understand that information provided on this application shall survive approval of this application and execution of a Lease Agreement.
4. I/We understand that occupancy of the apartment home is limited to persons specified on this application and that if I/we apply with other Applicants; all of our individual applications are evaluated collectively as a joint application. In multiple Applicant situations, application processing will not begin until the completed rental application and application fees for all Applicants (named on the first page of this application) have been received. In addition, I/we understand that the collective decision result is shared and binding to all joint Applicants. I/We also understand that if I/we are declined individually or as a joint Applicant for any reason other than failure to meet the minimum income requirement, I/we will not be eligible to reapply at any Crawford Hoying community for a minimum of 60 days from the date of this application.
5. I/We agree to submit to Landlord a valid form of photo identification (such as a state driver's license) prior to execution of a Lease Agreement.
6. In consideration of the costs associated with the processing of this application, I/we agree to pay Landlord a non-refundable application fee. At the time of signing a Lease Agreement, I/we agree to pay Landlord a non-refundable administrative fee.
7. The undersigned acknowledge(s):
 - a. Applicant's Credit Report will be pulled and must meet Landlord's minimum requirements.
 - b. Applicant's Criminal Report will be pulled and must meet Landlord's minimum requirements.
 - c. Applicant's employment must be satisfactorily verifiable by Landlord or Landlord's agent. The following are examples of acceptable forms of verification: Employer New Hire Offer Letter, a Crawford Hoying Employment Verification Form, two (2) most recent years of tax information, an annual Social Security Income Statement, a Disability Income Statement, Savings Account Statements, Grant Statements or Loan Statements.
 - d. Applicant(s) must have a combined income of two and one-half (2 ½) times the monthly rental rate of the requested apartment home.
 - e. Applicant must be a minimum of 18 years of age to enter into a Lease Agreement.

Signature: _____
Applicant

Date ____/____/____

FOR OFFICE USE ONLY:

APPLICATION CHECKLIST

THE FOLLOWING MUST BE COMPLETED, ATTACHED TO THE RENTAL APPLICATION AND REVIEWED BY THE COMMUNITY MANAGER BEFORE APPLICANT IS ACCEPTED OR REJECTED.

(If not applicable, write N/A)

- ☐ Rental Application (completed)
- ☐ Top of Application (Office Use Only Box)
- ☐ Copy of I.D.
- ☐ Criminal Report
- ☐ Credit Report
- ☐ Employment Verification
- ☐ Most Recent Pay Stubs
- ☐ Verification of Residency
- ☐ Quote Sheet
- ☐ Application Fee Received \$

Leasing Consultant's Signature

Date

COMMUNITY MANAGER'S APPROVAL

Concession: _____

☐ Approved ☐ Denied

Community Manager's Signature

Date