



## APPLICATION FOR LEASE

COMMUNITY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

TYPE OF APARTMENT DESIRED: Studio \_\_\_\_\_ 1 BR \_\_\_\_\_ 2 BR \_\_\_\_\_ 3 BR \_\_\_\_\_ Townhouse \_\_\_\_\_ Other \_\_\_\_\_

Date Occupancy Desired: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Contact Number: \_\_\_\_\_

### APARTMENT OCCUPANTS: (List all persons to occupy apartment)

Name (Head of Household)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Social Security No.
Name	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____	Social Security No.
Name	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____	Social Security No.
Name	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____	Social Security No.
Name	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____	Social Security No.

### IN CASE OF EMERGENCY - NOTIFY: (Nearest relative not living with you)

Name	Address	City/State/Zip	Day Phone ( )	Evening Phone ( )	Relationship
Name	Address	City/State/Zip	Day Phone ( )	Evening Phone ( )	Relationship

### EMPLOYMENT

Present Employer (Company Name)	Address	Business Phone ( )	How Long?	Position	Monthly Gross\$ Monthl y Net\$
Former Employer	Address	Business Phone ( )	How Long?	Position	Monthly Gross\$ Monthl y Net\$

Spouse Present Employer (Company Name)	Address	Business Phone ( )	How Long?	Position	Monthly Gross\$ Monthl y Net\$
Spouse Former Employer	Address	Business Phone ( )	How Long?	Position	Monthly Gross\$ Monthl y Net\$

### OTHER INCOME for:

Source	Monthly Gross \$ Amount Net \$
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### OTHER INCOME for:

Source	Monthly Gross \$ Amount Net \$
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Income from alimony, child support, or maintenance payments need not be revealed if you choose not to disclose such income. Is any of the above monthly income derived from alimony, child support or maintenance payments? ☐ Yes ☐ No

### RESIDENCE HISTORY

Reason for Moving

Present Address -Full address with city, state, zip code	Apt/Landlord/Mortgage/Name	Landlord Phone Number ( )	How Long?	Monthly Paymts. \$	<input type="checkbox"/> Job Transfer <input type="checkbox"/> Better Location <input type="checkbox"/> Price <input type="checkbox"/> Management <input type="checkbox"/> Other
Former Address -Full address with city, state, zip code	Apt/Landlord/Mortgage/Name	Landlord Phone Number ( )	How Long?	Monthly Paymts. \$	

### BUSINESS REFERENCES

BANK(S)	Name	Address	City/State/Zip
	Type of Account: Check No.	Savings No.	Name on Account
	Name	Address	City/State/Zip
	Type of Account: Check No.	Savings No.	Name on Account

### CREDIT REFERENCES (List all open credit & loan accounts. Show what loan covers: auto, motorcycle, boat, house, etc.)

Monthly Pymts. \$	Balance Owed \$	Paid To:	Account #	For
Monthly Pymts. \$	Balance Owed \$	Paid To:	Account #	For
Monthly Pymts. \$	Balance Owed \$	Paid To:	Account #	For
Monthly Pymts. \$	Balance Owed \$	Paid To:	Account #	For

(Please list any additional Credit References on back)

<b>Office Use Only</b>	
R1 _____	Landlord Reference(s)
R9 _____	Transporation Condition
P/L _____	Veh 1 _____ Veh 2 _____

**AUTO(S) - MOTORCYCLE - BOAT - BICYCLE - PET**

Driver's License No.		State		
AUTO	Year	Make	Model	Owner
	Color	License Plate		State

Spouse Driver's License No.		State		
AUTO	Year	Make	Model	Owner
	Color	License Plate		State

MOTORCYCLE License Plate	( ) Yes ( ) No	BOAT License Plate	( ) Yes ( ) No	BICYCLE License Plate	( ) Yes ( ) No	PET	Type	Weight (when matured)	Name
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**INSURANCE**

Total Monthly Auto Insurance Payment(s)	Do you have Renter's Insurance? ( ) Yes ( ) No If yes, what is the monthly payment?
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**GENERAL**

Have you or your spouse ever been sued? ( ) Yes ( ) No If yes, please explain.
Have you or your spouse ever filed bankruptcy? ( ) Yes ( ) No When? / /
Do your own furniture to be moved into apartment? ( ) Yes ( ) No

Acceptance of this application, and any monies deposited, is not binding upon Landlord until approved by Landlord. It is understood and agreed if application is approved, the \$\_\_\_\_\_ deposited with this application will be held as a Non-Refundable Processing Fee. Approved applicants upon move-in, must provide an additional amount of \$\_\_\_\_\_ as Security Deposit. If applicant withdraws this application, a fee of \$\_\_\_\_\_ will be retained by Landlord as a fee for processing the application and as liquidated damage for the rental the Landlord has lost. It is further understood and agreed, if an apartment is held for applicant for more than \_\_\_\_\_ days all monies deposited shall be forfeited to Landlord. If this application is not approved by Landlord, all monies deposited will be refunded. Applicant(s) further irrevocably authorize(s) Berkshire Management Company to transfer to the Owner-Landlord at any time, without liability to anyone, any and all deposits herein mentioned or otherwise required in connection with the occupancy of the applicant(s).

Applicant(s) hereby acknowledges(s) that the Owner-Landlord, Berkshire Management Company, any affiliate, agent, or employee thereof, may procure an investigative consumer report concerning the applicant(s), including information as to the character, general reputation, personal characteristics, and mode of living of the applicant(s) and that the applicant(s) that have the right within a reasonable period of time hereafter to request a complete and accurate disclosure of the nature and scope of the investigation requested. Applicant(s) hereby expressly authorize(s) the Owner-Landlord and their respective affiliates, agents, and employees to disclose to others any information about the applicant(s) possessed by them to the extend such disclosure is not otherwise prohibited by law.

**How did you hear about us??** \_\_\_\_\_

Signature \_\_\_\_\_  
Applicant

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_  
Applicant

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_  
Applicant

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DO NOT FILL IN - OFFICE USE ONLY**

<b>RESIDENT MANAGER CHECKLIST</b>	
Application: Accepted ( )	Rejected ( )
Adverse Action Letter ( )	Denial Letter ( )
Approval Contact ( )	Welcome Folder ( )
Processing Fee Paid ( )	Local Fees Paid ( )
Utility Set Up: Elec ( )	Gas ( )
Rent Paid in Full ( )	Sec Dep Paid in Full ( )
Pet Deposit Paid ( )	
Address _____	
Move in Date _____	

