

# APARTMENT LEASE APPLICATION

Landlord/Lessor: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Location of Apartment: \_\_\_\_\_ **Apt. No.** \_\_\_\_\_

Name of Tenant: \_\_\_\_\_  
Other Names Tenant has used: \_\_\_\_\_  
Drivers License No. \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Children Names: \_\_\_\_\_  
Name of Tenant # 2: \_\_\_\_\_  
SS# Tenant # 2: \_\_\_\_\_  
Who will live in apartment except applicant and children?  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Monthly Pay: \_\_\_\_\_ How long at current job? \_\_\_\_\_  
Other sources of income: \_\_\_\_\_

Do you intend to reside here indefinitely?  Yes  No  
-If no, how long? \_\_\_\_\_

Have you ever filed Bankruptcy?  Yes  No  
-If yes, court and cause number? \_\_\_\_\_

Are you a party to any lawsuit?  Yes  No  
-If yes, please describe. \_\_\_\_\_

Are there any judgments against you?  Yes  No  
-If yes, please describe. \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account No: \_\_\_\_\_ Account No. \_\_\_\_\_

Credit References:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

### **For Landlord's Use Only**

Rent Amount:
Deposit:
Date Lease to begin:
End of Lease:
Number of Occupants:
Apt. No.

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any pets that you would like to occupy the apartment?  Yes  No

-If yes, please describe. \_\_\_\_\_

Note: This provision does not imply that pets are allowed.

Have you ever been evicted from a rental unit?  Yes  No If yes, provide reason for eviction.

Motor Vehicle Identification: \_\_\_\_\_

Year	Make/Model	Color	Tag Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Credit Cards

Type:	Card #	Type:	Card #
_____	_____	_____	_____
_____	_____	_____	_____

  

Creditors	Type Of Debt	Amount Owed	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name and phone # of owner/manager: \_\_\_\_\_

Previous Address: \_\_\_\_\_

When? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

When? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**DISCLOSURE OF MANAGER:**

The Manager of the Premises is \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNER DISCLOSURE:** The owner of the premises or a person authorized to act for and on behalf of the owner for the purpose of service of process and receiving and receipting for notices and demands is disclosed as:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RADON GAS DISCLOSURE.** Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every State of the United States. Additional information regarding radon gas may be obtained from your County public health unit.

See also <http://www.epa.gov/iaq/radon/>

**CONSENT TO CREDIT CHECK**

I / We, \_\_\_\_\_, the undersigned applicant(s) authorize landlord, \_\_\_\_\_, or his/ her/ their agent to order and review my/ our credit and criminal history and investigate the accuracy of the information contained in the application. I / We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/ our credit.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_