

APPLICATION FOR AFFIDAVIT FOR APARTMENT LEASING

Hereby make application as a tenant for _____ #_____, with rent of \$_____ per month. In the event this application is accepted, I herewith agree to sign a one year lease, make payable a security deposit in the amount of one month's rent and pay the first full month's rent and any prorated rent for part of a month (if applicable).

DEPOSIT TO HOLD APT#_____ DATE TO OCCUPY PREMISES:_____

\$100.00 OF THIS DEPOSIT IS APPLIED TO THE SECURITY DEPOSIT. Within 3 calendar days of approval of this application, applicant agrees to pay the balance of the security deposit. The application fee for a single individual is \$45.00. Each additional application fee is \$20.00. Application fees must be paid in cash and are **non refundable**. No apartment can be held without a deposit and for more than 30 days unless authorized by manager.

NAME:_____ DATE OF BIRTH_____

ADDRESS (Include zip code):_____

PHONE#: HOME:_____ WORK:_____ EXT:_____

SOCIAL SECURITY #:_____ DRIVER LICENSE #:_____

AUTO MAKE/MODEL/YEAR/COLOR:_____

MARITAL STATUS:_____ SPOUSE NAME:_____ SPOUSE SSN:_____

CHILDREN: Y / N HOW MANY:_____ NAMES:_____ TOTAL # TO OCCUPY APT:___

PETS: Y / N (NO DOGS ACCEPTED) WHAT TYPE:_____ (ADDITIONAL FEES ARE CHARGED)

EMPLOYMENT INFORMATION (ATTACH COPIES OF YOUR LAST TWO PAY STUBS)

EMPLOYER:_____ PAYROLL #:_____ EXT:_____

OCCUPATION:_____ GROSS WEEKLY/ANNUAL SALARY: \$_____

LENGTH OF EMPLOYMENT:_____ SUPERVISOR:_____

PREVIOUS EMPLOYER IF LESS THAN TWO YEARS:

EMPLOYER:_____ PAYROLL #:_____ EXT:_____

OCCUPATION:_____ GROSS WEEKLY/ANNUAL SALARY: \$_____

LENGTH OF EMPLOYMENT:_____ SUPERVISOR:_____

LANDLORD INFORMATION: NAME LEASE IS UNDER: _____

PRESENT LANDLORD:_____ PHONE #:_____

MONTHLY RENTAL AMOUNT:_____ UTILITIES PAID:_____

LENGTH OF RESIDENCY:_____ PROPER NOTICE GIVEN: Y / N RENT PAID ON TIME Y / N

REASON FOR MOVING:_____

CREDIT INFORMATION: LIST THE BANK(S) & ACCOUNT NOS. (MUST BE FILLED IN)

NAME:_____ BRANCH:_____

CHECKING Y / N ACCOUNT #:_____ SAVINGS Y / N ACCOUNT #:_____

OTHER: _____ ACCOUNT #:_____

IN CASE OF AN EMERGENCY: NAME:_____ RELATIONSHIP:_____

TELEPHONE (H): _____ (W):_____

SECOND PAGE OF APPLICATION MUST BE SIGNED BEFORE APPLICATION IS PROCESSED.

AUTHORIZATION TO OBTAIN INFORMATION: Applicant hereby authorized lessor to verify the accuracy of all statements in this application and also authorizes all employers, previous landlords, banks, and creditors to release information concerning my accounts, history of payment for the purposes of verifying this application and determining my ability to afford the contractual obligations of the lease:

SIGNATURE:_____ DATE:_____