

**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 check or money order. 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): \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
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: \_\_\_\_\_  
(NON-OCCUPANT) RELATIONSHIP: \_\_\_\_\_  
TELEPHONE (H): \_\_\_\_\_ (C): \_\_\_\_\_

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: \_\_\_\_\_

**POSSESSION:** We shall make every effort to have your apartment ready on time, but because of circumstances beyond our control could cause delay, we cannot be liable for failure to deliver the premises at the time stipulated on the application. In the unlikely event this happens, rent shall be abated on a daily basis until seven (7) days after the date promised on this application, then your deposit will be refunded in full upon your request and this agreement shall be terminated.

**INTENDEING TO BE LEGALLY BOUND,** Applicant and Lessor agrees that the applicant shall be entitled to a refund of his/her/their deposit, IF AND ONLY IF, he/she/they notify the LESSOR in writing, within three (3) calendar days of the signing of the APPLICATION, of their intention to cancel. Should the APPLICANT fail to notify the LESSOR of the cancellation within three (3) calendar days, in writing the LESSOR will retain all deposit monies as liquidated damages for withdrawing this unit from the rental market.

**APPLICANT(S)** certifies and represents that all information on this application is correct, that he/she/they are not breaking his/her/their mortgage/renal payments in a timely fashion for the past 12 month period; that they have received no notices of Lease Termination or Eviction, that he/she/they have not filed bankruptcy within the past five (5) years, and are presently financially solvent; that no adverse credit information is on file except as follows:

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**APPLICANT(S)** agree to sign a Lease and pay a Security Deposit (equal to one month's rent), first month's rent, plus, when designated, last month's rent, within five (5) days after approval by LESSOR. Otherwise, the deposit will be retained by LESSOR as liquidated damages. APPLICANT(S) agree the deposit will be retained as liquidated damages for processing this APPLICATION AND CREDIT CHECKING if the above information is not true.

By signing my signature to this application, I/we am/are the person(s) whom I/we represent myself/ourselves to be, and all the information is true and accurate.

**AUTHORIZATION TO OBTAIN INFORMATION** APPLICANT hereby authorizes LESSOR to verify accuracy of all statements in this APPLICATION and also authorizes employers, previous landlords, mortgage holders, banks, and creditors to release information concerning my accounts, rental history or payments, employment history for the purpose of verifying this application and determining my ability to afford the contractual obligations of the LEASE.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE THE EQUIVALENT OF THE ORIGINAL.

This authorization shall be continuing during the term of the LEASE or any renewal of the LEASE: to update or otherwise verify new information including, but not limited to, lessor's right to inquire from time to time, from banking institutions whether there are sufficient funds to pay check(s) delivered by the LESSEE or LESSOR.

I release all such persons delivering said and all other information, form any inadvertent, whether communicated either orally, in writing, or over the telephone.

Applicant(s) understand that a photo ID is required to complete this application.

APPLICANT(S) UNDERSTAND THAT THE PROVIDER OF INFORMATION MAY COMMUNICATE ADVERSE INFORMATION.

**SIGNATURE:** \_\_\_\_\_ **AGENT:** \_\_\_\_\_