



Credit Rental Application

Date: _____ Desired Move-In Date _____

Apartment Desired: Efficiency ___ One Bedroom ___ One Bedroom Den ___ Two Bedroom ___

Applicant Information

Please return completed application and a Money Order for \$40.00 for processing (Payable to Apartments @ 1220) to the address above. This application fee (\$40.00) is Non-refundable.

Name: _____ Date of Birth: _____ Marital Status: _____
(Last /Family/Surname, First Name, Middle Initial) (Mm/dd/yy) (Married/Divorced/Separated/Single)

Social Security #: _____ Telephone: _____ Cell: _____
(Indicate Day or Evening)

Drivers License Number: _____ E-mail Address: _____

Present Address: _____
(Address, City, State, Zip)

Length of Time: _____ Own/Rent: _____ Name of Landlord/Mortgage Holder: _____
(How long have you lived here?)

Landlord/Mortgage Holder Phone Number: _____ Monthly Payment: _____

Reason for Moving? _____

Previous Address: _____
(Address, City, State, Zip)

Length of Time: _____ Own/Rent: _____ Monthly Payment: _____ Moved Because: _____
(How long did you live here?)

How did you hear about The Apartments @ 1220? _____

Applicant Employment Information

Employed By: _____ How Long? _____

Employer Address: _____
(City, State, Zip)

Position: _____ Net Monthly: _____ Additional Income: _____
Note: Please bring Proof of Employment or income verification i.e., two most recent pay stubs.

Name/Title of Manager: _____ Emp. Phone No. _____

Previous Employer: _____ How Long? _____ Emp. Phone No. _____
(If on job current job less than two years)

Applicant Student Information

Your Name: _____ University/College: _____

Semester: _____ Graduation Date: _____ Parent/Guarantor: _____

Applicant Miscellaneous Information

Do you have an Automobile? _____ Make & Color of Car _____ Year _____ Tag # _____
(Limited underground parking is available for an additional monthly fee.)

Do you have a Bicycle? _____ Do you need a space for your bicycle? _____

Please Note: Waterbeds and pets are not permitted in 1220 Apartments.

It is understood and agreed that _____ adult(s) and _____ children will occupy said apartment.

In accordance with 6-806 of the Health Code I certify that I have received the lead hazard information pamphlet.

I have read the above statements and fully understand as evidenced by my/our signature below.

Print Full Name

Applicant Signature/Date

Applicant Emergency Notification Information

Emergency Contact: _____ Relationship: _____
(First Name/ Last Name) (Relative, Friend, Spouse, etc.)

Present Address: _____
(Address, City, State, Zip)

Telephone: _____ Telephone: _____ Cell: _____ E-Mail: _____
(Day) (Evening)

Guarantor Information and Credit Information

*Please return completed Guarantor Information and a Money Order for \$40.00 (Payable to Apartments @ 1220).
This fee (\$40.00) is Non-refundable.*

Guarantor Name: _____ Date of Birth: _____
Last Name /Family Name/ Surname /First Name Middle (mm/dd/yy)

Social Security #: _____ Telephone: _____ Relationship: _____
(Day or Evening)

Address: _____
(Address, City, State, Zip)

Employment History:

Employer: _____ How Long? _____
(If Self-employed, please include D.B.A)

Employers Address: _____
(City, State, Zip)

Position: _____ Monthly Gross: _____ Additional Income: _____

Name/Title of Manager: _____ Emp. Phone No. _____

Applicant Review, Signature and Date

No agreement, either written or oral, shall be binding on applicant, agent or owner, unless and to the extent set forth in the lease. I authorize Owner or Owner's agent to conduct a credit, criminal background and reference check of us. Acceptance of this application does not assure an apartment reservation. Space is limited. I/we authorize Owner or Owners Agent to contact an agency, credit bureau, employer or any other or any other investigative agencies employed by such, to investigate the references herein listed or statements of me/us pertaining to my/ our employment history, prior credit tendencies, character, general reputation, or similar characteristics and to obtain a consumer report and other such information which may result thereby, and to disclose and furnish such information to agent or owner in support of this application. It is further agreed all parties to the lease must execute the lease in the presence of the leasing agent.

I understand no personal checks are accepted on or prior to the lease signing date and all deposits are non-refundable in the event of cancellation.

All units are shown and made available (except samples) without respect to: race, color, sex, religious creed, national origin, familial status, ancestry, age, handicap, or disability.

If applicant has misstated the number of persons in applicant's family or the number of persons intended to occupy the apartment, or if the applicant(s) made any misstatements of fact in this application, LESSOR may reject the application and retain as liquidated damages all monies paid pursuant to this application. Any such misstatement shall also constitute a breach of any lease entered into pursuant to this application.

Upon Application Approval, tenant must deposit at least fifty (50%) of total move in cost to reserve/secure an apartment.

At least 15 days prior to lease commencement tenant must pay remaining balance in full or any and all previously paid deposits shall be forfeited and landlord shall be allowed to lease such apartment to another tenant.

This entire agreement is made subject to the approval of the owner of the property and the agent. This application may be rejected, with or without reason, and all deposits are non refundable.

Agreed and Accepted: _____
Applicant Please Print/Date

Guarantor Please Print/Date

Applicant Signature/Date

Guarantor Signature/Date