CLUB APARTMENTS RENTAL APPLICATION

Today's Date	Number of Bedroom	s Desired
APPLICANT'S NAME		(Last, First, Middle Initial
Date of Birth	Soc. Sec. #	
Marital StatusMarried	Single Widowed	d SeparatedDivorced
Present Address Street, City	, State, and Zip Code	
Phone # ()		
Present Owner Name		
Owner's Phone # ()		
Owner's Address		Rent Amt \$
Length of Occupancy		
Previous Address Street, Cit	:y, State, Zip	
Previous Owner's Name		Rent Amt \$
Length of Occupancy		
Owner's Address		Phone ()
Applicant's Present Employe	er	
Employer's Address		
Supervisor's Name		
Position Dep	ot # Telephone # (() Ext#
Present Monthly Income (Gr	oss)\$ Length of	Employment
Part-time Full-time		

Applicant's Previou	s Employer			
Previous Employer	Address			
Supervisor				
Position	Dept #	Telephone # ()	_ Ext #
Previous Monthly Ir	ncome (Gross)\$	Length of I	Employmen	t
Part-time F	ull-time	_		
Spouse Name		Maiden Nam	ne	
Date of Birth.	Soc. S	ec. #		
Spouse's Present E	Employer			
Employer's Address	S			
Supervisor				
Position	Dept #	Telephone # ()	
Present Monthly Inc	come (Gross)\$ _	Length of E	mployment	
Part-time F	ull-time	_		
Other Monthly Inco	me \$			
Spouse's Previous	Employer			
Previous Employer	s Address			
Supervisor				
Position	Dept #	Telephone # ()	
Previous Monthly Ir	ncome (Gross)\$	Length of I	Employmen	t
Part-time F	ull-time			

VEHICLES (1) Year, Make, Model _____ License# _____ (2) Year, Make, Model _____ License# ___ **CREDIT CARDS** Name _____ Name _____ Name _____ Name ____ **BANK** Bank Name Checking Acct. # Bank Name Savings Acct. # REFERENCES PERSONAL Name _____ Telephone ()_____ Address Street, City, State, Zip Code ______ Name ______ Telephone ()_____ Address Street, City, State, Zip Code _____ **EMERGENCY** (List relative or friend)

*Have you ever been evicted or filed bankruptcy? Yes No

I hereby deposit with the owner/agent, the sum of \$ as a partial/full security deposit on the above premises pending execution of a lease agreement. I understand that my deposit may be applied toward any rent loss, advertising costs, re-rental fees etc., if this application is approved and I am unable to fulfill the conditions of the lease agreement. The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.

Name Telephone ()

Address Street, City, State, Zip Code _____

The undersigned does hereby consent that all information stated on this application might be verified and processed through a registered credit bureau of the landlord's choice. This may include a credit and police report. I hereby release all parties from any liability in connection with the provision and the use of such information. I understand that this application does not constitute any oral and/or written commitments on the part of the owner/agent.

A payment of \$\\$ is included here within, which payment is made for the purpose of verifying the information included on this application. I understand this charge is not under any circumstance, to be returned to me.

APPLICANT		Date	
APPLICANT		Date	
List any additional occupan (Not including roommates)	its that will occupy premises		
Name	Relationship	Age	
Name	Relationship	Age	
Name	Relationship	Age	
Taken By:	Date		
ApprovedReje	cted Why		
Date Notified			

CLUB APARTMENTS RELEASE FORM

NAME OF APPLICANT					
DATE OF BIRTH					
SOCIAL SECURITY NUMBER					
I do hereby authorize any city, county, state or federal agency, department or bureau, school or former employee, to furnish any information in their files, under the above name.					
I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any damages on account of furnishing said information. Information will only be used for tenant qualification.					
DATE	SIGNATURE				