

**WHICH APARTMENT COMMUNITY ARE YOU APPLYING FOR?**

**RENTAL APPLICATION**

FOR OFFICE USE ONLY

DATE \_\_\_\_\_ AGENT \_\_\_\_\_

COMMUNITY \_\_\_\_\_

APT. NO. \_\_\_\_\_ RENTS \_\_\_\_\_

**Notice: Co-Applicant must complete a separate Rental Application Form**

The undersigned hereby makes application to rent unit number \_\_\_\_\_ Located at \_\_\_\_\_  
beginning on \_\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_

**PLEASE TELL US ABOUT YOURSELF**

**FULL NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Sex**  Female  Male

**SSN** \_\_\_\_\_ **Driver's License** \_\_\_\_\_ **NE** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
Number State

E-mail Address \_\_\_\_\_

Names of all other occupants \_\_\_\_\_

**Total Number of Occupants**

How Many Pets Do You Or Other Occupants Own? \_\_\_\_\_

Kind of Pet, Breed, Weight, and Age \_\_\_\_\_

**PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (beginning with the most current)**

**CURRENT ADDRESS** \_\_\_\_\_

Month & Year Moved In : \_\_\_\_\_ Moved Out : \_\_\_\_\_ Reason for Leaving : \_\_\_\_\_

Owner or Agent : \_\_\_\_\_ Phone : \_\_\_\_\_ Monthly Payment : \_\_\_\_\_

**PREVIOUS ADDRESS (If within 3 years)** \_\_\_\_\_

Month & Year Moved In : \_\_\_\_\_ Moved Out : \_\_\_\_\_ Reason for Leaving : \_\_\_\_\_

Owner or Agent : \_\_\_\_\_ Phone : \_\_\_\_\_ Monthly Payment : \_\_\_\_\_

**PREVIOUS ADDRESS (If within 3 years)** \_\_\_\_\_

Month & Year Moved In : \_\_\_\_\_ Moved Out : \_\_\_\_\_ Reason for Leaving : \_\_\_\_\_

Owner or Agent : \_\_\_\_\_ Phone : \_\_\_\_\_ Monthly Payment : \_\_\_\_\_

**PLEASE GIVE YOUR EMPLOYMENT INFORMATION**

**YOUR STATUS :**  Employed Full-Time  Employed Part-Time  Student  Retired  Not Employed

**CURRENT EMPLOYER (or most recent)** \_\_\_\_\_

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

Dates Employed : From \_\_\_\_\_ To \_\_\_\_\_ Position : \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Salary \_\_\_\_\_ Household Gross Monthly Income \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_

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

Dates Employed : From \_\_\_\_\_ To \_\_\_\_\_ Position : \_\_\_\_\_

Supervisor \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for conformation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE LIST YOUR BANK AND CREDIT REFERENCES**

YOUR BANK(S)	City-State/Branch	Acct. Number & Type	Telephone
1			
2			

YOUR CREDIT REFERENCES	City-State	Acct. Number	Telephone
1			
2			

**TOTAL NUMBER OF VEHICLES (Including Company Vehicles)** \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Other Car, Motorcycle, etc. \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?  Yes  No

Been evicted or asked to move out?  Yes  No

Been sued for damage to rental property?  Yes  No Declared bankruptcy?  Yes  No

Been convicted of a felony?  Yes  No

If yes, Date \_\_\_\_\_ Charge \_\_\_\_\_

Are you now or have you been anytime during this calendar year a full time student?  Yes  No

Please give any additional information that might help management evaluate your application:

How did you hear about our property? \_\_\_\_\_

If management has any questions about your application, please give Phone Numbers where you can be located:

Day Phone : \_\_\_\_\_ Night Phone : \_\_\_\_\_

IN CASE OF PERSONAL EMERGENCY, NOTIFY : \_\_\_\_\_ Relationship : \_\_\_\_\_

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

Phone No. : \_\_\_\_\_

I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I hereby authorize the Landlord or Landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by Landlord. I hereby authorize Tenant Data Services Inc. to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize and instruct any entity or person contacted by Tenant Data Services Inc. or the Landlord or Landlord's agents to release such information to them. Upon request, Landlord, Landlord's agents, or Tenant Data will provide the name and phone number of the source of the information used in the verification process.

In the event applicant does not cancel the application within 48 hours of notification of approval, the deposit will be forfeited as liquidated damages, and not as a penalty, it being understood that Wassco LLC's damages in removing the apartment selected by Applicant from the market would be difficult of ascertainment.

I hereby agree to maintain a standard type of Renter's Insurance policy, or its equivalent, issued by a licensed insurance company which provides limits of liability of at least \$300,000 per occurrence and cause Property Management Company, Wassco LLC, to be listed as an additional interest under said policy. I understand that I will be required to provide proof of said Renter's Insurance prior to taking possession of the apartment.

Rent Amount: \_\_\_\_\_ Deposit: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Move-in Date: \_\_\_\_\_

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



**Non-Refundable Application Fee: \$30 per applicant**



Print Form and Submit in Person

APPLICANT: PLEASE DO NOT WRITE BELOW

PAYMENT OF : \$ \_\_\_\_\_ RECEIVED BY (NAME) : \_\_\_\_\_ DATE : \_\_\_\_\_

THIS APPLICATION FORM RECEIVED BY (NAME) : \_\_\_\_\_ DATE : \_\_\_\_\_

**THIS APPLICATION :**  **APPROVED**  **NOT APPROVED**

BY : \_\_\_\_\_ Title : \_\_\_\_\_ Date : \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date Notified : \_\_\_\_\_

Notified by :  LETTER  FORM  TELEPHONE  FAX  IN PERSON