



RENTAL APPLICATION

Each Co-Resident Must Submit A Separate Application (Please Print Using Black or Blue Ink)

FOR OFFICE USE

Table with 5 columns: Move-in Date, Unit #, Rent Amount, Lease Term, Agent's Name

Table with 4 columns: Applicant's Name (Last, First, Middle), Birthdate, Social Security #, Driver's License #

Table with 4 columns: Spouse's Name (Last, First, Middle), Birthdate, Social Security #, Driver's License #

Table for Occupants with columns: Name, Relationship, Birthdate, Social Security. Includes numbered rows 1-4.

RESIDENCE HISTORY

Table with 4 columns: Present Address, City, State, Zip Code

Table with 4 columns: Home Phone, Monthly Payment, Move In, Move Out

Table with 2 columns: Landlord/Mortgage Company/Apartment Community, Phone # (including area code)

Table with 4 columns: Previous Address, City, State, Zip Code

Table with 4 columns: Home Phone, Monthly Payment, Move In, Move Out

Table with 2 columns: Landlord/Mortgage Company/Apartment Community, Phone # (including area code)

EMPLOYMENT HISTORY

Table with 6 columns: Present Employer, Address (City, State, Zip), Phone, Position, Immediate Supervisor, Gross Annual Income (Include overtime & bonuses), Start Date

Table with 6 columns: Previous Employer, Address (City, State, Zip), Phone, Position, Immediate Supervisor, Gross Annual Income (Include overtime & bonuses), Start Date

Table with 6 columns: Spouse's Present Employer, Address (City, State, Zip), Phone, Position, Immediate Supervisor, Gross Annual Income (Include overtime & bonuses), Start Date

Table with 6 columns: Spouse's Previous Employer, Address (City, State, Zip), Phone, Position, Immediate Supervisor, Gross Annual Income (Include overtime & bonuses), Start Date

Other Income: Other income includes alimony, child support, welfare, unemployment, AFDC, TANF, social security, annuities, pensions, insurance policies, investment income, interest earned, disability, monetary gifts & other regular income.

If None, check here: () No other sources of income

Type of income: Annual Amount: Contact Address/Phone #

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Student Status If every member of the household is a student, answer the following:

- 1. Is the household comprised of a single parent and children, none of whom are dependants of a third party? () Yes () No
2. Are all adult members of the household married and have they filed a joint tax return for the most recent tax year? () Yes () No
3. Does any member of the household receive AFDC or TANF? () Yes () No
4. Is any member of the household enrolled in a Federal, State or local job training program? () Yes () No

Assets: Assets include cash, investment accounts, any bank accounts (checking, savings, etc.), certificates of deposit, IRA's, retirement and pension funds, personal items held

for investment (e.I. gems, art, antiques). You must also include the value of any assets disposed of for less than fair market value during the past 24 months.

1. Are total household assets less than \$5,000? () Yes () No If yes, what is total income If no, please complete Asset Addendum to Application.

2. Have you disposed of any assets for less than Fair Market Value during the past 24 month? () Yes () No

If yes, please explain on Asset Addendum.

PERSONAL DATA

Have you ever been evicted or asked to terminate a lease? Have you ever filed for Bankruptcy? Have you ever been convicted of a crime?

If so, please explain

Will you or other occupants have a pet? Type, breed, weight, age

VEHICLE

Make Model Year License Plate # State

Make Model Year License Plate # State

Person (s) to notify in case of emergency (other than co-resident)
Name/Address Relationship Phone#

1.

2.

RENTERS INSURANCE PROGRAM

Your lease will contain a financial responsibility requirement to provide insurance coverage that has, at a minimum, personal liability coverage with limits of liability in an amount not less than \$50,000 per occurrence. As an added service to our residents, this community is working with a leading insurance company to offer you high quality, low cost insurance protection. If you elect to obtain coverage from another insurance company, you will be required to provide proof of insurance by providing the name of the insurance company, the policy number, effective date and expiration date of the policy prior to move-in. Please inquire about details of this program from the leasing office.

DEPOSIT TO HOLD AGREEMENT

In consideration of Management reserving the apartment for me, I agree to pay a deposit of \$ _____. This deposit is refundable if my application is not approved. If my application is approved, the deposit is credited to the required move-in charges. I may cancel the agreement and be refunded my deposit by notifying you of my decision to cancel by 5:00pm on _____. Cancellation after this time will result in forfeiture of my deposit. I must pay rent on or before my "rent start date" or my deposit will be forfeited and the apartment re-rented. A non-refundable application fee of \$ _____ is required for verifying the information contained herein.

The undersigned persons represent that all facts set forth in this Application are true and complete. On-Site, Legacy Bungalows, and/or its contractors or agents are hereby authorized to make any investigation of my personal, financial, credit record, litigation, business and other personal history in connection with this application for the Lease of Residential Real Property. The undersigned further acknowledges that On-Site and Legacy Bungalows and/or its contractors and agents make no independent warranty or representation, express or implied, regarding the completeness, accuracy or content of any such information received, assembled, compiled, summarized or reported back from such third party sources to the Landlord and/or to the Applicant. False information provided in this Application shall entitle Owner to (1) Reject this Application, (2) Retain application fee(s) and deposit(s) as liquidated damages for Owner's time and expense of processing this Application and (3) Terminate residents right of occupancy. This Application may be photocopied or reproduced as necessary by On-Site, Legacy Bungalows and or their contractors and agents to be used as my consent to release credit, rental financial, personal, litigation, business and other personal history.

Signature of Applicant _____ Date _____

Agent's Signature _____ Date _____

Signature of Applicant's Spouse _____ Date _____

Manager's Signature _____ Date _____

