

Leasing Application - Business

“All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap/disability, national origin, or source of income.”

For Office Use Only

Leasing Agent	Desired Apt. #	Style or Type	Rent Amount
Desired Move-in Date	Lease Term	Deposit	
Federal Tax ID #	Company Name	Address	
Date Received	Time Received	Initials	Company Phone No.
Date App. Sent for Screening	Date Accepted or Denied	Date Letter Mailed	
If Appeal Requested, Date Set		Date Set for Move-in	

Rental History – List the past three consecutive years beginning with your current landlord first.

Landlord's Name/Address	Your Address	Own/Rent	Dates
1. Name		Own <input type="checkbox"/>	From
Address	(Current Landlord)	Rent <input type="checkbox"/>	To
Phone	Contact phone	Monthly Pmt	
		E-mail address	
Landlord's Name/Address	Your Address	Own/Rent	Dates
2. Name		Own <input type="checkbox"/>	From
Address		Rent <input type="checkbox"/>	To
Phone	Reason for moving	Monthly Pmt	

Vehicle Identification Information

List the following information for all vehicles owned or operated by any person listed on this application.

Tag/License Plate #	State Registered	Vehicle Type	Year	Make	Model	Color

Please submit three (3) letters of reference from current vendors

Personal References – List two (2) personal references other than relatives

Name:	Phone:
Address:	
Relationship:	Years known:
Name:	Phone:
Address:	
Relationship:	Years known:

Miscellaneous Information

Yes	No	Please answer the following questions:		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or anticipate having any pets?		
<input type="checkbox"/>	<input type="checkbox"/>	Have any of the individuals who will live in the unit been INVOLVED IN or CHARGED WITH any of the following? Check all that apply		
		<input type="checkbox"/> A felony?	<input type="checkbox"/> Any illegal drug activity?	<input type="checkbox"/> Property damage?
		Any crimes of physical violence to persons or property or any other criminal act that will affect the health, safety or welfare of the other residents?		
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone else named on this application ever left an apartment owing money?		
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any waterbeds?		
How did you hear about our community?				

Any individuals who will be occupying the unit are required to have a criminal background check. A copy of the individuals' drivers license and Social Security Card will be required. There will be a \$35.00 processing fee for this background check.

Signature Clause

I/we certify that to the best of my/our knowledge all statements are true and correct. I/we further authorize the release of any information needed to verify all information put forth in this application, to include but not limited to credit reports, character reports, criminal reports, rental history, employment history, etc. I/we agree that a photocopy of this authorization may be accepted with the same authority as the original. I/we understand that providing false information or making false statements may be grounds for denial of my/our application. I/we understand that my/our occupancy is contingent on meeting management's resident selection criteria requirements. Any paid deposit will be refundable within 72 hours of the date of this application should applicant cancel.

A corporate officer must sign below:

Signature

Date