

# Preliminary Application

Community: \_\_\_\_\_

Apartment Size Desired: \_\_\_\_\_

Total # Occupants: \_\_\_\_\_

For Office Use Only:	
Leasing Professional: _____	
Date: _____	Apartment Address: _____
Monthly Rent: _____	Concession/Special: _____
Move-In Date: _____	Lease Term: _____ to _____
Notes:	

## Applicant Information

Full Name:	Date of Birth:	SSN:
Email:	Phone:	Student (Y/N)?:
Driver's License Number:	Date of Issue & State:	
Current address:		
Previous address, if less than 3 years at current:		

## Income Source Information

Annual Income:	Main Source of Income:	
Currently Employed (Y/N)?:	Employer:	How long?

Please use this section to provide information on other adults who will be residing in the apartment.

## Second Adult Applicant Information

Full Name:	Date of Birth:	SSN:
Email:	Phone:	Student (Y/N)?:
Driver's License Number:	Date of Issue & State:	
Current address:		
Previous address, if less than 3 years at current:		

## Income Source Information

Annual Income:	Main Source of Income:	
Currently Employed (Y/N)?:	Employer:	How long?

## Third Adult Applicant Information

Full Name:	Date of Birth:	SSN:
Email:	Phone:	Student (Y/N)?:
Driver's License Number:	Date of Issue & State:	
Current address:		
Previous address, if less than 3 years at current:		

## Income Source Information

Annual Income:	Main Source of Income:	
Currently Employed (Y/N)?:	Employer:	How long?

ALL PERSONS 18 YEARS AND OLDER ARE REQUIRED TO BE LEASEHOLDERS.

### Terms & Conditions of Application:

Application Fee: I agree that the application fee, whether my application is approved or not, is not refundable.

Consumer Report Authorization: I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I authorize you to secure from Transunion (credit agency), a consumer reporting agency, an investigative consumer report, a criminal history records verification, and verification of my residences, employments, and income. I authorize Transunion (credit agency) to verify that any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability, in right, under the Fair Credit Reporting Act (FCRA), Section 606(B) to make a written request of you and Transunion (credit agency), within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

I have fully read and understand all the provisions of this application and acknowledge receipt of a completed copy of same.

Applicant Signature

Date

Applicant Signature

Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

