

Apartment Address: \_\_\_\_\_ Rent: \_\_\_\_\_ Security Deposit: Equal to One Month's Rent

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Home Phone Number \_\_\_\_\_ Current Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Current Address \_\_\_\_\_ (City/State/Zip)

How Long Have You Lived There? \_\_\_\_\_ Rent Amount \_\_\_\_\_

Current Landlord Name/Address \_\_\_\_\_ (City/State/Zip)

Current Landlord Phone # \_\_\_\_\_

Previous Address \_\_\_\_\_ (City/State/Zip)

How Long Did You Live There? \_\_\_\_\_ What Years Did You Live There? \_\_\_\_\_ Rent Amount \_\_\_\_\_

Previous Landlord Name/Address \_\_\_\_\_ (City/State/Zip)

Previous Landlord Phone \_\_\_\_\_

Do you wish to receive a written explanation of denial of tenancy? Yes \_\_\_\_\_ No \_\_\_\_\_

**In Case of Emergency, Contact: (Name)** \_\_\_\_\_

**Phone #'s (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

APPLICANT'S DISCLOSURE OF SOCIAL SECURITY NUMBER IS VOLUNTARY. LANDLORD MAY NOT DENY THE APPLICANT HOUSING ON THE BASIS OF THE APPLICANT'S DECISION TO WITHHOLD THEIR SOCIAL SECURITY NUMBER.

RECEIPT IN THE SUM OF \$ \_\_\_\_\_ IS HEREBY ACKNOWLEDGED. THESE MONIES ARE TO BE RETURNED TO THE APPLICANT IF THE APPLICATION IS REJECTED. IF ACCEPTED, MONIES SHALL BE APPLIED TO THE SECURITY DEPOSIT. AT THE TIME THE LEASE IS SIGNED, APPLICANT AGREES TO PAY THE BALANCE OF THE SECURITY DEPOSIT. THE LEASE AGREEMENT MUST BE SIGNED IMMEDIATELY UPON TURNING IN THE APPLICATION TO HOLD THE APARTMENT. IF APPLICANT REFUSES TO SIGN THE LEASE AFTER TURNING IN THE APPLICATION, THE ENTIRE SUM OF THE MONIES RECEIVED WILL BE FORFEITED. OCCUPANCY LIMIT IS TWO PERSONS PER BEDROOM.

COSIGNERS ARE REQUIRED FOR EACH PERSON ON THE LEASE. THESE DOCUMENTS MUST BE SIGNED BY A QUALIFIED COSIGNOR AND NOTARIZED. THEY MUST BE RETURNED TO US WITHIN TWO WEEKS OF THE DATE YOU SIGN THE LEASE.

APPLICANTS WHO WOULD LIKE TO BE APPROVED WITHOUT A COSIGNER MUST MEET THE FOLLOWING CONDITIONS:

- FOR EACH APARTMENT, THE COMBINED YEARS OF SATISFACTORY RENTAL HISTORY MUST BE EQUIVALENT TO OR GREATER THAN THE NUMBER OF APPLICANTS IN THE GROUP.
- EACH APPLICANT MUST HAVE SATISFACTORY CREDIT.
- EACH APPLICANT MUST HAVE A VERIFIABLE SOURCE OF INCOME.

IN NO WAY WILL APPLICANT BE RELIEVED OF DUTY OF LEASE IF CO-SIGNER GUARANTEE FORM IS NOT RETURNED.

THE UNDERSIGNED AGREE(S) THAT THE LANDLORD SHALL HAVE UP TO TWENTY-ONE (21) CALENDAR DAYS FROM ACCEPTANCE OF MONIES TO APPROVE OR DENY THE RENTAL APPLICATION. TENANT HAS SEVEN (7) DAYS FROM THE BEGINNING OF THE TERM OF THE LEASE TO REQUEST, IN WRITING, THAT LANDLORD PROVIDE TENANT WITH

- A LIST OF PHYSICAL DAMAGES OR DEFECTS, IF ANY, CHARGED TO THE PREVIOUS TENANT'S SECURITY DEPOSIT.
- THE OPPORTUNITY TO VIEW PHOTOGRAPHS MAINTAINED BY THE LANDLORD DOCUMENTING SUCH PHYSICAL DAMAGES OR DEFECTS.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR A LEASE. ALL APPLICATIONS ARE SUBJECT TO APPROVAL OF OWNER OR MANAGING AGENT.

TO THE BEST OF MY/OUR KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I HEREBY AUTHORIZE ALL PERSONS OR ENTITIES LISTED HEREIN TO RELEASE ANY INFORMATION IN THEIR POSSESSION KNOWN TO THEM CONCERNING ME. A COPY OF THIS APPLICATION SHALL SERVE AS THE AUTHORITY FOR THE RELEASE OF ANY SAID INFORMATION. I FURTHER AUTHORIZE SRM PROPERTIES, LLC AND ITS EMPLOYEES AND AGENTS TO MAKE SUCH INQUIRES AS IS DEEMED NECESSARY FOR ACTION AND DETERMINATION UPON THIS APPLICATION. APPLICANT IS ENTITLED TO REVIEW THE LEASE, RULES AND REGULATIONS, AND ANY OTHER FORMS AS MAY BE REQUIRED FOR OCCUPANCY, AND IN SIGNING THIS FORM ATTEST THAT THEY HAVE IN FACT DONE SO TO THEIR SATISFACTION.

MANAGEMENT RESERVES THE RIGHT TO REQUIRE W2 FORMS, CHECK STUBS OR OTHER DOCUMENTATION OF INCOME AT TIME OF APPLICATION OR LEASE RENEWAL. THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, REQUIRES THAT WE NOTIFY YOU THAT AS PART OF OUR NORMAL PROCEDURE A ROUTINE INQUIRE WILL BE MADE. THIS INQUIRY WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Rental Agent \_\_\_\_\_

**OFFICE USE ONLY**

Date/Time Application Received \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Declined: \_\_\_\_\_

Date Cancelled: \_\_\_\_\_ Date Earnest Monies Returned: \_\_\_\_\_ Date Earnest Monies Forfeited: \_\_\_\_\_

Comments: \_\_\_\_\_ 05/20/08