

APPLICATION FOR RESIDENCY - SRM PROPERTIES, LLC AS AGENT

Lease Terms: From: _____ To: _____ Rent: _____ Security Deposit: _____
Apartment Number: _____ Special Terms or Conditions: _____
Name of person to occupy apartment: _____

1. _____ *SS# _____ - _____ - _____ Date of Birth: _____ Phone: (____) _____
*For credit report access only

Email: _____ Do you have renter's insurance? YES NO Pets? YES NO Type? _____

Name of **all** minors to occupy apartment: 1. _____ 2. _____ 3. _____

Your current Address: _____ How Long: _____
City: _____ State: _____ Zip: _____ Rent Amount: _____

Your Current landlord (Name and Address): _____ Phone: (____) _____

Your Previous Address: _____ How Long: _____
City: _____ State: _____ Zip: _____ Rent Amount: _____

Your Previous Landlord (Name and Address): _____ Phone: (____) _____

INCOME

Employer: _____ Start Date: _____ Position: _____
Supervisor's Name: _____ Phone: (____) _____

Employer: _____ Start Date: _____ Position: _____
Supervisor's Name: _____ Phone: (____) _____

OTHER SOURCE(S) OF INCOME

1 _____ Phone # to verify: (____) _____
2 _____ Phone # to verify: (____) _____

EMERGENCY CONTACT

Name: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____

DO YOU WISH TO RECEIVE A WRITTEN EXPLANATION OF A DENIAL OF TENANCY? YES NO

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. IF APPLICANT REFUSES TO SIGN THE LEASE WITHIN SEVEN DAYS AFTER BEING NOTIFIED OF THE APPLICATION APPROVAL, THE APARTMENT WHICH IS BEING HELD AND THE ENTIRE SUM OF THE MONIES RECEIVED WILL BE FORFEITED, AND THE APPLICANT MAY HAVE ADDITIONAL LIABILITY TO THE LANDLORD FOR LOST RENTS AND/OR RE-RENTAL EXPENSES.

COSIGNERS MAY BE REQUIRED FOR EACH PERSON ON THE LEASE. THESE DOCUMENTS MUST BE SIGNED BY A QUALIFIED COSIGNER AND NOTARIZED. THEY MUST BE RETURNED TO US WITHIN TWO WEEKS OF THE DATE YOU SIGN THE LEASE OR AT THE COMMENCEMENT OF THE LEASE, WHICHEVER EVENT OCCURS FIRST. APPLICANTS WHO WOULD LIKE TO BE APPROVED WITHOUT A COSIGNER MUST MEET THE FOLLOWING CONDITIONS:

- THE COMBINED YEARS OF SATISFACTORY RENTAL HISTORY MUST BE EQUIVALENT 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.

APPLICANT'S FAILURE TO RETURN THE COSIGNER GUARANTEE FORM DOES NOT EXCUSE THE APPLICANT FROM LIABILITY UNDER THE LEASE AGREEMENT THAT THEY SIGN.

THE UNDERSIGNED AGREE(S) THAT THE LANDLORD SHALL HAVE UP TO TWENTY-ONE (21) CALENDAR DAYS FROM ACCEPTANCE OF THE EARNEST MONEY 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, AND THE OPPORTUNITY TO VIEW PHOTOGRAPHS MAINTAINED BY THE LANDLORD DOCUMENTING SUCH PHYSICAL DAMAGE 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 INQUIRIES 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.

ADULT SIGNATURE

DATE

RENTAL AGENT'S SIGNATURE

REFERRED BY

OFFICE USE ONLY

Date: _____ Approved: _____ Rejected: _____
Cancelled: _____ Deposit Returned: _____ Forfeited: _____
Comments: _____