

APPLICATION FOR RESIDENCY
Rental Application for Resident and Occupants

Community: _____ **Apt#** _____ **Type:** _____ **Move-in:** _____ **Term:** _____
Monthly Rent: _____ **Lease dates:** _____ **Pro-rate:** _____ **Deposit:** _____
Garage/Parking/Storage: _____ **Approved by:** _____ **(Agent) Faxed:** _____

Each co-resident over 18 years old must submit a separate application. Date filled out: _____

ABOUT YOU: Full name (exactly as on driver's license or government ID card) _____

Former last names (maiden & married): _____

Your Social Security #: _____

Driver's license# and state: _____

OR government photo ID card #: _____

Birth date: _____

Current address where you live: _____

_____ monthly rent \$ _____

Phone: (____) _____

Name of apartment where you live now: _____

Current owner or manager's name: _____

Their phone: (____) _____ Date moved in: _____

Why are you leaving your present residence? _____

Your previous home address: _____

City/State/Zip Code _____

Apartment Name: _____

Name of above owner or manager: _____

Their phone: (____) _____ Previous monthly rent \$ _____

Date you moved in: _____ Date you moved out: _____

MUST INCLUDE 2 YEARS VERIFIABLE RESIDENCE

OTHER OCCUPANTS: *Full name of all persons under age 18 and other adults who will occupy the apartment.*

Name: _____	DL or gov't ID card # _____	Social Security # _____	Birth date: _____	Sex: _____	Relationship: _____
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YOUR VEHICLES: *List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, etc.)*

Make, Model, & Color of Vehicle: _____ Year: _____ License Plate #: _____ State: _____

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YOUR CREDIT HISTORY

Your bank's name: _____

City/State: _____

List major credit cards: _____

Your other non-work income you want considered. Please explain: _____

Have you or your spouse ever owned a home? _____ Yes _____ No

Past credit problems you want to explain. *(Use separate page.)*

OTHER INFORMATION: Will you or any other occupant have a pet?

____ Yes ____ No If so, please indicate the kind, weight, breed and age: _____

How were you referred? Stopped By _____ Rental guide (name): _____

Realtor: _____ Agent's Name: _____

Internet Site (Site Name): _____ Courier News _____

Friend (name) _____ Billboard: _____

Other: _____

YOUR RENTAL /CRIMINAL HISTORY

Have you or any occupant listed above ever:

____ Been evicted or asked to move out? ____ broken a rental agreement or apt. lease?

____ declared bankruptcy? ____ been sued for nonpayment of rent? ____ been sued for

damage to rental property? ____ been convicted of a felony? ____ received deferred

adjudication for a felony? Please indicate the year, location and type of each felony.

We may need to discuss more facts before making a decision.

Your represent the answer is "no" to any item not checked above.

EMERGENCY: *Emergency contact person over 18, who will not be living with you.*

Name: _____

Address: _____

City/State/Zip: _____

Phone/Work#: (____) _____ Home#: (____) _____

Relationship: _____

If you are seriously ill, missing or in a jail or penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more) ____ the above person, ____ your spouse, and/or ____ your parent to enter your dwelling to remove and store all contents, as well as your property in the mailbox, storerooms, and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

CONTINUED ON NEXT PAGE

AUTHORIZATION:

I or we authorize Elias Mallouk Realty Corp /Claremont Towers to verify the above information by all available means including but not limited to a consumer report, credit check, evictions check or whatever else it deems necessary to process my application for residency.

Elias Mallouk Realty Corp/Claremont Towers is not required to re-verify or investigate preliminary findings. I or we declare that the statements made in the application are true and correct and that any information contained in the application contained in the application which is false, misleading, or inaccurate shall be cause for rejection of the application and, if a lease has been entered into, shall constitute a material breach of the lease, entitling Elias Mallouk Realty Corp, to terminate my or our tenancy.

APPLICANT'S SIGNATURE: _____

Insurance

Renters Insurance: _____ Yes. If yes, complete below.
Carrier: _____
Agent: _____
Phone: (____) _____

_____ No. If no, read and sign below

I understand that the property's insurance coverage and insurance does not and cannot protect. Any personal belongings against burglary, vandalism, fire, smoke and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renters insurance. **IF NO INSURANCE, OWNER, AND IT'S REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURE INSURANCE.**

X _____ Date: _____

You (to include any co-applicants), have applied to lease an apartment from Elias Mallouk Realty Corporation. If you have not already signed a proposed Lease, then upon approval of the application, you agree to sign Elias Mallouk Realty Corporation standard lease currently in use for the apartment community. We will attempt to inform you of the approval or rejection of your Application within seven days. However, under no event shall a tenancy occur until we, you, and all co-applicants, have signed the lease and you have paid all required security deposits and rents that are due upon the Commencement of the lease.

The undersigned warrants and represents the information on this rental application to be true and correct. All persons/firms named may freely give any requested information concerning me and I hereby waive all rights of action for any consequences resulting from such information. I hereby leave **\$30.00** with Management in connection with this application for residency. Of this amount, **\$30.00** is a non-refundable payment for processing this application. The remainder \$ _____ is a good faith deposit in connection with this application. If my application is accepted, I understand this good faith deposit portion will be applied toward payment of my security deposit(s). If, for any reason, Management decides to decline my application, then Management will refund the good faith deposit portion to me in full. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delay caused by construction of the holding over of a prior resident, I understand that Management will assess damages against the deposit for the amount of rental lost or any expenses incurred due to my cancellation. (As these costs are difficult to ascertain, I agree to pay as liquidated damages a sum equal to the full deposit in the amount of \$ _____ for the apartment I agreed to occupy.)

SIGNATURES:

Applicant's Signature: _____ Date: _____

Signature of Owner's Representative: _____ Date: _____

FOR OFFICE USE ONLY

1. Person accepting the application: _____
2. Person processing the application: _____
3. Date the application or co-applicant was notified by ___ telephone, ___ letter, or ___ in person of ___ acceptance or ___ non-acceptance: _____
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance.)
4. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): _____
5. Name of Owner's representative who notified above person(s): _____
6. Manager's signature: _____