



Rental Application

(Please fill out completely)

Today's date _____
Lease Begins _____
Lease Ends _____
Apartment Address _____
Apartment Number _____
Monthly Rent _____
Security Deposit _____

Each adult applicant must provide photo "ID" and read our Resident Manual. We do **NOT** rent to anyone whose references we cannot contact. We do **NOT** allow anyone to move in immediately

Personal Information

Applicant's full Name _____ Social Security Number _____ Birth Date _____
Present Address _____ Apt # _____ City _____ State _____ Zip _____
Home Phone Number () _____ Work Phone Number () _____
Landlord Name _____ Landlord Phone () _____ Month & Year Moved in _____
Marital Status: (circle one) Single Married Separated Divorced Current rent amount _____
Are you paying alimony? ___ No ___ Yes, Amount \$ _____ paying child support? ___ No ___ Yes, Amount \$ _____
Spouse's Full Name _____ Social Security No. _____ Birth Date _____
Dependent Name _____ Birth Date _____ Dependent Name _____ Birth Date _____

Resident History

(We need the past 3 years. If more space is needed, please use the back)

Previous Address, City, State, Zip _____ Apt. # _____
Landlord Name _____ Mo./Yr. moved in _____ Mo./Yr. moved out _____
Landlord Phone () _____ Reason for leaving _____ Rent Amount _____
Previous Address, City, State, Zip _____ Apt. # _____
Landlord Name _____ Mo./Yr. moved in _____ Mo./Yr. moved out _____
Landlord Phone () _____ Reason for leaving _____ Rent Amount _____

Employment Information

If you are not currently employed, please list most recent employer.
If you have more than one employer or spouse is employed, please indicate on back of form.

Employed: (please circle one) Full-time Part-time Unemployed Retired Student
Employed by _____ Current _____ Past _____
Employer's Address _____ Phone # () _____
Position _____ Income \$ _____ per _____ Supervisor's Name _____
If student, Where _____ Advisor _____ Phone # () _____
Major _____ Present grade level (please circle one) FR SPH JR SR Grad

Personal References (Non-relative)

Please do not use someone you have previously listed on application.

Name _____ Address _____ Phone _____ How Known _____
Name _____ Address _____ Phone _____ How Known _____

(Please complete other side)

Bank and Credit References

Your Bank (s)	City-State	Phone	Account Type	Account Number
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Credit References	City-State	Phone	Account Type	Account Number
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1. _____

2. _____

Primary vehicle Make/Model/Color _____ Year ___ License No. _____ State _____

Second vehicle Make/Model/Color _____ Year ___ License No. _____ State _____

Other vehicles _____ Year ___ License No. _____ State _____

Other Information

(Parent or Relative)

Emergency Contact _____ Relationship _____ Phone () _____

Address, City, State, Zip _____

Do you own pets? No Yes, Type ___ Have a waterbed? No Yes Have renter's ins.? No Yes

Have you ever been evicted? ? No Yes If yes, explain _____

Have you ever been or are you presently an illegal abuser of any controlled substance? No Yes

Have you ever been convicted of illegal manufacture or distribution of any controlled substance? No Yes

You cannot move into this apartment until the application is approved, the lease is signed and the Security Deposit has been paid in full. All rent is due and payable on the 1st day of the month in advance. I (we) hereby apply to lease the above described premises on the terms above specified and have deposited \$_____ earnest money to be refunded to me if this application is not accepted. I (we) have also read and fully understand all provisions of the Arkae Management, Inc. lease and accompanying resident manual and have also had the opportunity to see the City's Letter of Compliance for this apartment.

I understand that in the event no verifiable rental history is available, I will increase my deposit to an amount equal to two months rent. I also understand that as an undergraduate, I am required to have a parent co-signature on the lease.

If you accept this application, I (we) understand that we are obligated to sign a lease for said apartment within seven (7) working days. If I (we) fail or refuse to sign the lease, all monies paid are to be retained by you as liquidated damages and there should be no further liability on the part of the owner or the owner's agent in respect to said proposed lease for this application.

Applicant's Signature _____ Date _____

Application taken by:	Reference checks by:	Approved by:
_____	_____	_____

WITH THE ABOVE SIGNATURE, I/WE AUTHORIZE YOU TO PROVIDE TO ARKAE MANAGEMENT, INC. ANY AND ALL INFORMATION OR DOCUMENTATION REQUESTED.