

ST CHARLES SQUARE APARTMENT RENTAL APPLICATION FORM

INFORMATION REGARDING APPLICANT

Full Name (Last, First, Middle): _____ Birthdate: _____
 Social Security #: _____ Driver's License #: _____ State: _____
PRESENT HOME Phone: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 How long at present address? _____ Own or rent? _____ Monthly rent? _____ Lease expires: _____
 Landlord, Management or Mortgage holder: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Reason for moving: _____

PREVIOUS HOME
 Address: _____ City: _____ State: _____ ZIP Code: _____
 How long at present address? _____ Own or rent? _____ Monthly rent? _____ Lease expires: _____
 Landlord, Management or Mortgage holder: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Reason for moving: _____

PRESENT EMPLOYER: _____ Since: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Position: _____ Immediate Supervisor: _____ Annual Income: _____
 Additional Income (describe source): _____ Amount: _____
 Additional Income (describe source): _____ Amount: _____
 Total Annual Income: _____

PREVIOUS EMPLOYER: _____ Since: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Position: _____ Immediate Supervisor: _____ Annual Income: _____

INFORMATION REGARDING SPOUSE

Full Name (Last, First, Middle): _____ Birthdate: _____
 Social Security #: _____ Driver's License #: _____ State: _____
PRESENT EMPLOYER: _____ Since: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Position: _____ Immediate Supervisor: _____ Annual Income: _____
PREVIOUS EMPLOYER: _____ Since: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Position: _____ Immediate Supervisor: _____ Annual Income: _____

Additional or Periodic Occupants

Describe any Pets

Name: _____ Relationship: _____ Age: _____ Breed: _____ Weight: _____
 Name: _____ Relationship: _____ Age: _____ Breed: _____ Weight: _____
AUTOMOBILE(S) Make: _____ Year: _____ License #: _____ Monthly Payment: _____
 Make: _____ Year: _____ License #: _____ Monthly Payment: _____

FINANCIAL & CREDIT REFERENCES

Account Number

Balance

Mo. Payment

FINANCIAL & CREDIT REFERENCES	Account Number	Balance	Mo. Payment
Creditor: _____	_____	_____	_____
Creditor: _____	_____	_____	_____
Creditor: _____	_____	_____	_____
Creditor: _____	_____	_____	_____

Auto Loan with: _____ Acct #: _____
 Name of Bank: _____ Checking Account: _____ Savings Acct #: _____

ACCOUNTING STATISTICS

Monthly Base Rent: _____ Pet Rent: _____ Garage Rent: _____ Total: _____
Occupancy Term: _____ Lease Begin: _____ Lease End: _____
Floor Plan: _____ Studio 1 BR 2/1 BR 2/2 BR 3 BR
Address: _____ Garage #: _____
Security Deposit: \$ _____ Garage Deposit: \$ _____ Other Deposit: \$ _____ Total Deposit: \$ _____

AUTHORIZATION TO CHECK CREDIT

Fee Paid: _____ Date: _____

In consideration of your apartment application, a consumer or credit agency may be asked to make an investigative consumer or credit report regarding your credit status.

I (Applicant) understand and hereby authorize agent/owner and any consumer or credit reporting agency or bureau employed by it, to investigate my character, general reputation, mode of living, credit and financial responsibility and the statements made within this application. Additionally, to inquire and check with persons and references named herein and also authorize such credit or consumer reporting agency or bureau to provide a consumer or credit report pursuant to said request.

AGREEMENT AND CAVEAT

I (Applicant) hereby make application for lease of an apartment at the terms described herein and remit the EARNEST MONEY DEPOSIT and CREDIT CHECK FEE for checking and reviewing credit. I further understand that the location of the apartment could vary. I (Applicant) further understand that the earnest money deposit will be applied to my security deposit amount.

I (Applicant) do hereby understand that a Co-Signer may be required after review of my application, and an additional credit history of the co-signer may be required.

I (Applicant) warrant that all information provided in this application is true and complete. Any false statement will result in immediate cancellation of this application and ensuing lease. I hereby acknowledge that I have never been dispossessed from any residence, nor am I now being dispossessed. I also understand that this application, if accepted, becomes binding to the lease as does all credit information provided. Credit application in itself does not guarantee occupancy.

If I (Applicant) cancel beyond 72 hours of application, THE EARNEST MONEY DEPOSIT IS TO BE RETAINED BY YOU (AGENT) AS LIQUIDATED DAMAGES. If the application is denied by agent, applicant will receive a refund of the EARNEST MONEY DEPOSIT only, within four (4) weeks of denial. CREDIT CHECK FEE is non-refundable.

I (Applicant) understand that I must pay all monies due before taking occupancy of the apartment, in the form of a money order or certified check. I further understand that you have no obligation to prepare, execute, or deliver a lease to me (Applicant), unless and until you (agent) have approved this application. VERBALLY OR IN WRITING. Additionally, you also have no obligation to deliver the exact apartment mentioned. You will, however, be obligated to deliver a similar apartment at a similar rental rate. The occupancy date is subject to change due to availability and approval.

This is a legal document which imposes certain legal obligations on you, falsification or misuse may result in the forfeiture of your EARNEST MONEY DEPOSIT. Please read carefully.

TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

SIGNATURE: _____ Date: _____
(Applicant)

SIGNATURE: _____ Date: _____
(Applicant)

Leasing Consultant: _____
Application Reviewed By: _____
Credit Check Reviewed By: _____
Application Approved By: _____
(initials)

Authorization for the Release of Information

I/We hereby authorize ST. CHARLES SQUARE APARTMENTS to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any other persons pertaining to my employment history, credit, prior tenancies, characters, general reputation, personal characteristics and mode of living to obtain a Consumer report and such other credit information which may result therefrom, and to disclose and furnish such information to the owner agent list above in support of this application. I have been advised that I have the right under Section 606B of the Fair Credit Reporting Act to make a written request within the reasonable time for a complete and accurate disclosure of the nature and scope of any investigation.

Signature of Applicant

Signature of Spouse / Co-Applicant

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Credit History
Criminal Activity	Residencies and Rental History
Identity and Marital Status	Past Employment
Social Security Numbers	

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

- Bank and other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Schools and Colleges
- U.S. Post Office
- U.S. Social Security Administration
- Utility Companies

I agree that photocopies of this authorization may be used for the purpose stated above.

If I do not sign this authorization, I also understand that my application for employment and housing may be denied or terminated.

Signature of Applicant

Signature of Spouse / Co-Applicant