THE RESIDENCES AT 50 ENTERPRISE

THE RESIDENCES AT 50 ENTERPRISE RENTAL APPLICATION

Please print or type on top of the lines provided: Each applicant must complete an application
Please read and sign the Resident Screening Guidelines prior to completing application

Equal Housing Opportunity

APPLICANT

Applicant's Full Legal Name _____ Soc. Sec. # _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ E-mail address _____

How Were You Referred To The Residences at 50 Enterpri _____

3 YEAR RESIDENCY

Present Street Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Dates: From - To _____ Yes / No Own home? _____ If "No," Landlord's Name _____ Landlord's Phone # _____

Previous Street Address (1) _____ Apt. # _____ City _____ State _____ Zip Code _____

Dates: From - To _____ Yes / No Own home? _____ If "No," Landlord's Name _____ Landlord's Phone # _____

Previous Street Address (2) _____ Apt. # _____ City _____ State _____ Zip Code _____

Dates: From - To _____ Yes / No Own home? _____ If "No," Landlord's Name _____ Landlord's Phone # _____

Do You Owe Rent To A Previous Landlord Yes / No Have You Ever Been Evicted and/or Sued For Non-Payment of Rent? Yes / No Current Rent $ _____

Have You Ever Been Sued For Damage To Rental Property? Yes / No Have You Ever Filed For Bankruptcy Yes / No Year _____

INCOME & ASSETS

Current Employer (1) _____ Employer's Street Address _____ City _____ State _____ Zip Code _____

Applicant's Position _____ Dates: From - To _____ $ Annual Gross Income _____

Verification Contact _____ Contact's Phone # _____ Contact's Fax # _____ Contact's e-mail address _____

Current Employer (2) - if applicable _____ Employer's Street Address _____ City _____ State _____ Zip Code _____

Applicant's Position _____ Dates: From - To _____ $ Annual Gross Income _____

Verification Contact _____ Contact's Phone # _____ Contact's Fax # _____ Contact's e-mail address _____

$ _____ Amount of Other Income/Assets _____ Source of Other Income/Assets _____

OCCUPANTS

Other Occupant's Name _____ Other Occupant's Name _____

Other Occupant's Name _____ Other Occupant's Name _____

Other Occupant's Name _____ Other Occupant's Name _____

Other Occupant's Name _____ Guarantor _____

PETS

Pet Type _____ Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____ Weight _____

Pet Type _____ Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____ Weight _____

AUTOS

Make _____ Model _____ Year _____ Color _____ License Plate # & Issuing State _____ Driver's License # & Issuing State _____

Make _____ Model _____ Year _____ Color _____ License Plate # & Issuing State _____ Driver's License # & Issuing State _____

CONTACTS

Emergency Contact's Name (1) _____ Relationship to you _____

Emergency Contact's Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ E-mail address _____

Emergency Contact' Name (2) _____ Relationship to you _____

Emergency Contact's Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ E-mail address _____

FOR OFFICE USE ONLY

Apartment # Applying For _____ Unit Size/Type _____ Floor _____ Est. MI Date _____ Monthly Rent _____ Other Fees _____ Security Dep. _____

Special Requests _____ Lease Term: From - To _____

Date Applicant Notified By: ☐ Phone ☐ Letter ☐ In Person of _____ Acceptance or ☐ Denial _____

Leasing Agent That Rented Apt. _____ Leasing Agent That Notified Applicant of Decision _____

The Residences at 50 Enterprise received a non-refundable application fee of $_____ and a reservation fee of $_____ with Check or Money Order #_____ on _____ which is considered the date of application.

Balance due at move-in must be paid in the form of a certified check or money order

I understand that the Owner/Agent will collect a non-refundable application fee and a reservation fee as stated above. I also understand that I will have three days from the time and date of application to cancel this Rental Application. I understand that if I rescind my application after three days from the initial time and date of application, the entire balance on my account will be forfeited. I understand that this application is subject to acceptance or denial. If this application is denied the reservation fee will be returned to applicant. This application will be processed in accordance with the applicable property's Resident Screening Guidelines in effect on the date of application. I hereby authorize Owner/Agent to obtain and/or review consumer reports (obtained by the Owner/Agent or supplied by Applicant), and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. Should any statement made in this rental application be a misrepresentation or untrue, the application will be denied immediately.

Applicant's printed name _____

Applicant's signature _____ **Date** _____

Owner/Agent's signature _____ **Date** _____