



THE RESIDENCES AT 801 EAST WHITING STREET RENTAL APPLICATION



Equal Housing Opportunity

Please print or type on top of the lines provided: Each applicant must complete an application

APPLICANT	Applicant's Full Legal Name _____		D.O.B. _____	Sac. Sec. # _____		
	Home Phone # _____		Work Phone # _____	Cell Phone # _____		
	E-mail address _____					
	How Were You Referred To The Residences at 801 East Whiting Street?					

RENTAL HISTORY	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: Co-applicant OR Dependent _____		D.O.B. _____	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependent _____		D.O.B. _____	Co-signer / Guarantor _____		D.O.B. _____

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's 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 _____	Est. MI Date _____	Monthly Rent _____	Other Fees _____	Security Dep. _____
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Special Requests _____ Lease Term: From - To _____

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

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

The Residences at 801 East Whiting Street received a nonrefundable application fee of \$ _____ and a nonrefundable administrative fee of \$ _____
Paid via Credit, Debit, 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 nonrefundable application fee and a nonrefundable administrative fee as stated above. 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 consumer reports, 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 to 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 _____