

TEN FLORENCE
APPLICATION FOR RESIDENCY
Rental Application for Resident and Occupants

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

Each co-resident and each occupant 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 name (maiden & married) _____
Your Social Security #: _____
Driver's license # & state: _____
OR government photo ID card #: _____
Birth Date: _____
Current address where you live: _____
Phone: _____
Name of Apartment where you live now: _____
Current owner or manager's name: _____
Current owner or manager's phone: _____
Date moved in: _____
Reason for leaving your present residence: _____

Your previous home address: _____
Apartment Name: _____
Name of above owner or manager: _____
Telephone number: _____
Previous Monthly rent: \$ _____
Date you moved In: _____ Date you moved out: _____

YOUR WORK:

Present employer: _____
Address: _____
Work phone: (____) _____ Position: _____
Your gross monthly income is over \$ _____
Date you began this job: _____

Supervisor's name: _____ Supervisor's phone #: _____

MUST INCLUDE 2 YEARS VERIFIABLE RESIDENCE

OTHER OCCUPANTS: Full names of all persons under age 18 and other adults who will occupy the unit and sign form.

_____	_____	_____
Name	Drivers License or Government Card No.	Social Security Number
_____	_____	_____
Birth Date	Sex	Relationship
_____	_____	_____
Name	Drivers License or Government Card No.	Social Security Number
_____	_____	_____
Birth Date	Sex	Relationship
_____	_____	_____
Name	Drivers License or Government Card No.	Social Security Number
_____	_____	_____
Birth Date	Sex	Relationship
_____	_____	_____
Name	Drivers License or Government Card No.	Social Security Number
_____	_____	_____
Birth Date	Sex	Relationship

YOUR VEHICLES: List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, RV's, Campers, boats, etc.) Continue in margin.

_____	_____	_____	_____
Make of vehicle	Year	License Number	State
_____	_____	_____	_____
Make of vehicle	Year	License Number	State
_____	_____	_____	_____
Make of vehicle	Year	License Number	State
_____	_____	_____	_____
Make of vehicle	Year	License Number	State

YOUR CREDIT HISTORY

Your bank's name: _____

City, State: _____

List of major credit cards: _____

Your other non-work income you want considered: _____

Please explain: _____

Have you or your spouse ever owned a home: _____

Past credit problems you wan to explain: (Use separate page if necessary) _____

OTHER INFORMATION

Will you or any other occupant have a pet?: _____ If yes, please see the leasing agent immediately.

How were you referred?: _____

Name of rental agency, or locator service: _____

Agent's name: _____

Friend name: _____ Newspaper _____

Other _____

YOUR RENTAL/CRIMINAL HISTORY

Have you or any occupant listed above ever: (check all that apply)

_____ been evicted or asked to move out?

_____ broken a rental agreement or apartment lease?

_____ declared bankruptcy?

_____ been sued for non payment 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.

EMERGENCY: Emergency contact person over the age of 18 who will not be living with you.

Name: _____

Address: _____

City, State, ZIP: _____

Telephone Numbers: _____

Relationship: _____

If you are seriously ill, missing, or incarcerated 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 our 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 sent for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION:

I/we authorize Central Place Apartments to verify the above information by all available means. Central Place Apartments is not required to verify or investigate preliminary findings. I/we declare that the statements made in them application are true and correct and that any information 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 Central Place Apartments to terminate my or/our tenancy.

APPLICANT'S SIGNATURE: _____

Applicant's name (please print or type) _____

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Applicant's name (please print or type) _____

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Applicant's name (please print or type) _____

APPLICANT'S SIGNATURE: _____

Applicant's name (please print or type) _____

Insurance

Renters Insurance: _____ Yes. If yes complete below. _____ No. If no, read and sign below.

Carrier: _____

Agent: _____ Phone: () _____

I understand that the property's insurance coverage and insurance does not and can not 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 ITS REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURES INSURANCE

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type) _____

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type) _____

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type) _____

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type) _____

To be filled in only if the Apartment Lease is not signed by resident at the time of application rental.

The Apartment Lease to be used must be the Central Place Apartments Form. The blanks in the form will contain the following information.

* Names of all residents who will sign Apartment Lease

* Total number of residents and occupants _____

Our consent necessary for guest staying longer than FIVE days

* Commencement date and ending date of Apartment Lease _____

* Total security deposits for all purposes of \$ _____
_____ gas _____ water _____ wastewater _____ trash

* Number of keys for unit _____, mailbox _____
Other _____

* Total monthly rent for Apartment of \$ _____

cancellation in writing occurs within 72 hours from date of application.

You can include any co-applicant, line applied in lease an apartment from Central Place Apartments. If you have not already signed a proposed Lease, then upon approval of the application, you agree to sign Central Place apartments standard lease currently in use. Designated in move-out notice but no sooner than 10 days after notice. 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 Central Place Apartments, you, and all co-applicants, have signed the lease and you have paid all required deposits and rents that are due upon the commencement of the lease.

Rent to be paid at on-site manager's office or at rent drop.

* Monthly parking (if any) of \$ _____

Prorated rent the first month of \$ _____

* Monthly rental due dates FIRST OF THE MONTH

* Late charges will be due IN ACCORDANCE WITH STATE LAW

* Return check charge of \$ _____

* Daily pet violation charge of \$10/day (check one)
_____ furnished or _____ unfurnished

* Utilities paid by owner (check) _____ electricity

_____ cable TV _____ master TV antenna

* You will (check one) _____ buy insurance, or be

* Agreed cancellation fee of \$ _____ will be accessed if

* Your move-out notice will terminate Apartment

Lease on (check one)

_____ last day of month following next due date for rent,
or _____ exact day.

* Special provisions _____

If you and all co-applicants have not already signed the lease, then you agree to do so within three days of your application. Notice to one co-applicant shall be deemed notice to all.

Central Place Apartments L.L.C. DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL AND IS IN FULL COMPLIANCE WITH ALL STATE AND FEDERAL FAIR HOUSING LAWS.

SIGNATURES:

Applicant's Signature: _____

Date: _____

Signature of Owner's Representative: _____

Date: _____

FOR OFFICE USE ONLY

1. Person accepting application: _____

2. Person processing application: _____

3. Date that application or co-applicant was notified by:
_____ telephone _____ letter, or _____ in person of _____ acceptance or _____ nonacceptance _____

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance.)

1. Names of person(s) who were notified if multiple applicants: _____

2. Name of owner's representative who notified above person(s): _____

3. Manager's signature: _____