

Home No.: _____ Salary _____
_____(Yearly or Monthly)

Employer: _____ Employer No.: _____

In case of emergency: _____ Relationship: _____

Telephone No.: _____

ADDITIONAL OCCUPANTS:

Names: _____ Date of Birth: _____

Names: _____ Date of Birth: _____

Names: _____ Date of Birth: _____

TOTAL OCCUPANTS : _____

NUMBER OF MOTOR VEHICLES:

MAKE: _____ MODEL: _____ YEAR: _____
_ TAG NUMBER: _____

MAKE: _____ MODEL: _____ YEAR: _____
_ TAG NUMBER: _____

MAKE: _____ MODEL: _____ YEAR: _____
_ TAG NUMBER: _____

PET INFORMATION:

Number: _____ Type: _____ Weight: _____
_____ Age: _____

REFERENCES:

Bank: _____
_____ (Name)

ADDRESS: _____
_____ (Street Address) _____ (City)
_____ (State) _____ (Zip Code)

Personal: _____

ADDRESS: _____
_____ (Street Address) _____ (City)
_____ (State) _____ (Zip Code)

PLEASE READ THE FOLLOWING CAREFULLY

I (we) certify that the above information is true and correct, to the best of my (our) knowledge. I (we) understand that you will retain this application whether or not it is approved. You are authorized to check my credit, employment, character, general reputation, personal references and if deemed necessary, a criminal investigation. I (we) further certify that I (we) am (are) adults (over the age of 21) and I (we) understand the importance of accurate information. I (we) further understand that approval of this application is based all in part on the information contained herein. Should this application be approved and a lease contract be executed, I (we) further understand that this application is made part of the lease and if later, it is determined that the information provided herein was incorrect, said incorrect information shall be grounds for termination of the remainder of the lease contract.

I (WE) AGREE TO ALLOW LESSOR TO VERIFY THE ABOVE INFORMATION AND TO CHECK SOURCE DEEMED PERTINENT IN REGARD TO ACCEPTING THE APPLICATION. IN THE EVENT APPLICANT DOES NOT ACCEPT APARTMENT AFTER BEING APPROVED BY LESSOR, THIS DEPOSIT SHALL BE FORFEITED AS LIQUIDATED DAMAGES. THIS DEPOSIT WILL BE REFUNDED IN FULL IF APPLICATION IS NOT ACCEPTED. THE INFORMATION GIVEN ABOVE HAS NOT BEEN FALSIFIED.

I (we) agree to pay \$50.00 as a non-refundable application fee for processing the application forms and for the credit report.

APPLICANTS SIGNATURE

APPLICANTS SIGNATURE

DO NOT WRITE BELOW THIS LINE

APPLICANT:

Approved: _____

By: _____

Unapproved: _____

Date: _____

COMMENTS: _____

Authorization For Release Of Information

I hereby authorize Ashford Place Apartments and their agents to receive any credits and/or criminal history record information pertaining to me which may be in the files of any credits reporting agency or state or local criminal justice agency and I release all parties from liability for issuing such information.

Full Name: _____

Social Security #: _____

Date of Birth: _____ **Driver License #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date:** _____