

## Rental Application for Residents and Occupants

<b>About You</b>		Full name (exactly as on driver's license or govt. photo ID card)									
Former last names (maiden and married)				Social Security # or Govt. ID #							
Driver's License #		State		Date of Birth		Height	Weight				
Address (as shown on driver's license)			Apt #	Sex		Eye Color	Hair Color				
City		State	Zip Code		Personal E-mail Address (for contact purposes only)						
Current Address (if different from driver's license)			Apt #	<b>Work</b> Present Employer							
City		State	Zip Code		Address						
Phone #	Community Name		Current Rent Amt		City		State Zip Code				
Owner or Manager Name		Their Phone #	Date Moved In		Position		Date Job Began Monthly Salary				
Why are you leaving your current residence?				Work phone #		E-mail address					
				Supervisor's Name		Phone #					
Previous Address (if different from driver's license)			Apt #	Previous Employer							
City		State	Zip Code		Address						
Community Name	Owner or Manager Name		Previous Rent Amt		City		State Zip Code				
Their Phone #	Date Moved In		Date Moved Out		Position		From Date / To Date Monthly Salary				
Why did you move out of previous residence?				Supervisor's Name		Phone #					
				Why did you leave previous job?							
<b>Background</b>		We will perform a background check on credit, rental, and criminal histories. Please answer all questions to assist us with the inquiry. Thank you.				<b>Emergency</b>		Please list a contact person over the age of 18 that we may contact in the case of an emergency. (please list a person not living with you)			
(Do / Have) you or co-applicant (circle the answer)				Emergency Contact Name				Relationship			
have a checking or savings account? No Yes				Address							
ever owned a home? No Yes				City				State Zip Code			
have other income you want considered? No Yes				Work Phone #				Home Phone #			
currently owe another property for rent, fees, or both? No Yes				If you are seriously ill, missing, or incarcerated according to an affidavit of the above person, or if you die, you authorize (circle one or more):  The above person      your spouse      your parent or child  to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no one is circled, any of the above are authorized at our discretion. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. However, it is understood that we are not legally obligated to do so.							
ever been evicted or asked to move out? No Yes											
ever broken a rental agreement or lease contract? No Yes											
ever been sued for non payment of rent? No Yes											
ever been sued for damage to rental property? No Yes											
ever declared bankruptcy? No Yes											
Have you, co-applicant, or other occupants ever											
been convicted of a felony? No Yes											
received deferred adjudication for a felony? No Yes											
been arrested for a felony which has not been finally adjudicated (by dismissal, acquittal or conviction) No Yes											
Other income amount & source: _____											
Bank Name & Location: _____											
<b>Other Information</b>		The following other information will help us with processing your application. Please answer all questions. Thank you.				<b>Vehicles</b>				Please list all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, boats, trailers, etc.). Continue on separate page if more than three.	
If married, will your spouse occupy the residence with you? Yes No n/a				Year	Make	Model	Color	License #	State		
Will there be any other occupants besides you or co-applicant? Yes No				Year	Make	Model	Color	License #	State		
Do you or any occupants smoke? Yes No				Year	Make	Model	Color	License #	State		
Will you or any occupants have a pet? Yes No				Year	Make	Model	Color	License #	State		
If yes, please list the kind, weight, breed, sex, and age				Year	Make	Model	Color	License #	State		
<b>If you answered "Yes" to either of the first two questions above, please fill out the supplemental information for co-applicants and occupants</b>											

Survey	Please tell us how you heard about us (circle all that apply). Thank you.					
	Bailey Web Site	Walk-In	Newspaper Ad	Friend	Chamber of Commerce	Rental Guide
	Resident _____	Apt # _____	Locator _____	Other _____		
<b>FOR HUD PROPERTY APPLICANTS ONLY</b>	Optional: Please circle one Also designate	White Hispanic	Black Non Hispanic	American Indian	Alaskan Native	Asian Pacific Islander

### Application Agreement

**1. Application and Application Fee (non-refundable):** All prospective applicants and co-applicants (if applicable) must submit a completed application and application fee. The application fee is \$[xx.xx] per applicant or \$[xx.xx] per married couple. Applications will not be processed until each required application has been fully completed, signed, and submitted with the appropriate amount of application fees.

**2. Holding Deposit (may or may not be refundable):** To reserve an apartment, applicant(s) must pay a Holding Deposit of \$[xxx.xx]. This deposit reserves/holds the selected apartment until the scheduled move-in date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. The Holding Deposit is not a Security Deposit and will be applied to the first month of rent less an administrative fee of \$[xx.xx].

**3. Approval/Non-Approval in Three Days:** We will notify applicants on the approval status of the application within three days of receiving it provided the conditions set forth in item no.1 have been met. Notification of non-approval will be in writing and will be mailed to the address listed as the current address on the application. Notification provided to either the applicant or a co-applicant shall be constituted as delivery of notice to all applicants. Notification provided to us by either the applicant or a co-applicant shall be constituted as notification received from all applicants.

**4. Refund after non-approval:** If a submitted application is disapproved and additional information is not provided that would result in an approved application, any holding deposit that may have been collected will be fully refunded within 30 days of notification of non-approval provided the non-approval of the application(s) is not the result of false statements made in the application. Refund checks may be made payable to either the applicant or a co-applicant and mailed to the corresponding address listed as the current address on the application.

**5. Cancellation:** The applicant must cancel within 72 hours of submitting the application in order to receive a full refund of the Holding Deposit. Cancellation after 72 hours will result in the Holding Deposit being retained as liquidated damages.

**Acknowledgment:** You declare that all statements on this application are true and complete and you are authorizing us to verify same through any means, including consumer reporting agencies and other rental housing owners. You are authorizing us to obtain criminal history reports and will execute any additional releases required for us to obtain these reports. You understand that this application for occupancy may be rejected for making false statements and that we will retain the Holding Deposit as liquidated damages for time and expense, and your right of occupancy will be terminated. In lawsuits relating to the application or Lease Contract, the prevailing party may recover attorneys' fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, community rules, and financial obligations. Fax signatures are legally binding.

**Information Release Authorization:** The undersigned applicant(s) applied for residential consideration with Bailey Properties, LLC and/or its agent. Authorization to release information requested by Bailey Properties, LLC and/or its agent necessary to complete the processing of this application is hereby granted. Necessary information may include the following:

- |   |   |
|---|---|
| 1) Employment and Income verification           | 2) Rental/Mortgage balances and payment history         |
| 3) Consumer credit balances and payment history | 4) Any other relevant personal or financial information |

A photocopy of this page will be deemed as acceptable authorization for release of any of the above information or documentation requested by Bailey Properties, LLC and/or its agent. Please do not remove the copy of this authorization from any attached verification request. Thank you.

**This Rental Application and the Lease Agreement are binding legal documents when signed. Please read them carefully. Before submitting a Rental Application or signing a Lease Agreement, you may take a copy of these documents to review and/or to consult with an attorney.**

Application Fee Received: _____	Holding amount Received: _____
Total Received: _____	Date Received: _____
Applicant _____	Date _____
Co-Applicant _____	Date _____
Owner Representative _____	Date _____

#### FOR OFFICE USE ONLY

Apartment Community: \_\_\_\_\_ Apt. No: \_\_\_\_\_ Unit Type: \_\_\_\_\_

Person accepting application: \_\_\_\_\_ Person processing application: \_\_\_\_\_

Application:  Accepted  Rejected Date & time applicant(s) notified: \_\_\_\_\_

By:  Telephone  Letter  In Person Name of Person Notified: \_\_\_\_\_

Name of owner's representative who notified above person(s): \_\_\_\_\_

## Rental Application for Residents and Occupants Co-applicant and Occupant Supplemental Information

<b>About You</b> Co-applicant Full name <i>(exactly as on driver's license or govt. photo ID card)</i>	
Former last names <i>(maiden and married)</i>	Social Security # or Govt. ID #
Driver's License # State	Date of Birth Height Weight
Address <i>(as shown on driver's license)</i> Apt #	Sex Eye Color Hair Color
City State Zip Code	Personal E-mail Address <i>(for contact purposes only)</i>
Current Address <i>(if different from driver's license)</i> Apt #	<b>Work</b> Present Employer
City State Zip Code	Address
Phone # Community Name Current Rent Amt	City State Zip Code
Owner or Manager Name Their Phone # Date Moved In	Position Date Job Began Monthly Salary
Why are you leaving your current residence?	Work phone # E-mail address
	Supervisor's Name Phone #
Previous Address <i>(if different from driver's license)</i> Apt #	Previous Employer
City State Zip Code	Address
Community Name Owner or Manager Name Previous Rent Amt	City State Zip Code
Their Phone # Date Moved In Date Moved Out	Position From Date / To Date Monthly Salary
Why did you move out of previous residence?	Supervisor's Name Phone #
	Why did you leave previous job?
<b>Occupants</b> Please complete the following information for all other people who will occupy the unit but will not sign the lease. Please continue on a separate page if more than 3 people.	
Name #1 Relationship Sex Date of Birth Social Security # or Govt. ID #	
Previous Address <i>(if different from applicant or co-applicant)</i>	
Name #2 Relationship Sex Date of Birth Social Security # or Govt. ID #	
Previous Address <i>(if different from applicant or co-applicant)</i>	
Name #3 Relationship Sex Date of Birth Social Security # or Govt. ID #	
Previous Address <i>(if different from applicant or co-applicant)</i>	

**Please read and sign the application agreement. Attach this supplement to the application. Thank you.**