

RENTAL APPLICATION

COMMUNITY NAME: _____

Address Leased: _____

Leasing Consultant: _____

APPLICANT (Include Jr. or Sr., if applicable)

Applicant Name (First, MI, Last): _____ Individual Joint Guarantor

Home #: _____ Work #: _____ Cell #: _____ FAX #: _____

Email Address: _____ Social Security No: _____

Date of Birth: _____ Driver's License # or State ID # _____ State of Issue: _____

How did you hear about us? _____

Have you been convicted of a felony, sex-related crime, or misdemeanor assault conviction? Yes No Have you ever been evicted? Yes No

PERSON(S) TO OCCUPY THE APARTMENT IN ADDITION TO THE APPLICANT:

Name	Relationship	Date of Birth	Social Security Number

RESIDENCE INFORMATION

Own Rent N/A Landlord/mortgage company: _____ N/A Reason: _____

Current Residence Street: _____ City: _____ State / ZIP: _____

Rent/Mortgage Amount: _____ Move In Date: _____ Anticipated Move Out Date: _____ Reason for Leaving: _____

Manager/Contact: _____ Manager/Contact Phone: _____ Manager/Contact E-mail: _____

Previous Residence (if less than 1 yr) Street: _____ City: _____ State / ZIP: _____

Move In Date: _____ Move Out Date: _____

EMPLOYMENT/INCOME INFORMATION

Employer: _____ Address: _____ City/State/ZIP: _____

Job Title: _____ Start Date: _____ Est. Annual Income: _____ Miles to Work: _____

Additional Annual Income: _____ Type: _____ Amount: \$ _____

IN CASE OF EMERGENCY: I hereby give consent to contact the individual(s) below:

Name: _____ Relationship: _____ Address: _____

City/State/ZIP: _____ Cell Phone #: _____ Home Phone #: _____

Work Phone #: _____ Email: _____

VEHICLE INFORMATION

Vehicle Type: _____ Make: _____ Year: _____ Model: _____

Color: _____ License Plate #: _____ State: _____

PET INFORMATION

Pet Type: _____ Breed: _____ Size in Pounds: _____ Color: _____ Age: _____ Name: _____

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ACKNOWLEDGMENT AND AGREEMENT

I understand that the Application Deposit will be refunded to me if this Application is not approved and all of the information provided was truthful and accurate. If this Application is approved, the Application Deposit shall become part of the Security Deposit and will be forfeited in accordance with applicable law if the move-in does not occur. If this Application is cancelled in writing within 72 hours, the Application Deposit shall be refunded. If this Applicant is cancelled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Fee is non-refundable. Applicant agrees that Forest City Residential Management, Inc. (FCRMI) shall not be liable for any delay in the date said apartment is ready for occupancy. Applicant represents that all the statements herein are true and authorizes FCRMI and/or its agents to verify the information contained herein. Applicant acknowledges that false information herein may constitute grounds for denial of this Application, terminating the right of occupancy and may constitute a criminal offense under the laws of this state. Applicant agrees to notify FCRMI of any material change in the information provided on this Application. FCRMI may obtain investigative consumer reports from employers, landlords, law enforcement agencies, credit reporting agencies or other applicable sources under 15 U.S.C. Sections 1681 et seq.; FCRMI will provide Applicant, if denied, with information about the nature of such reports. Consumer investigative report results are valid for 60 days according to FCRMI policy. Additionally, I authorize FCRMI and/or its agents to obtain additional investigative consumer reports from the sources previously listed if occupancy does not occur within 60 days, when this Application reaches the top of the applicable waiting list, and/or at lease renewal. I further authorize FCRMI, its agents, and/or its attorneys to obtain additional consumer investigative reports to enforce judgments in favor of FCRMI.

Applicant's Signature: _____ Date: _____

Management Representative Signature: _____ Date: _____ Time Received: _____

OFFICE USE ONLY: Application Fee: \$ _____ Application Deposit: \$ _____ Total Received: \$ _____

FUNDS COLLECTED: Receipt Number: _____ Estimated Total Monthly Rent: \$ _____

Approved Approved with Conditions Denied By: _____ Date: _____

Condition(s): _____

Applicant Cancellation: Date: _____ Time: _____ Management Representative Signature: _____