

APPLICATION AND OFFER TO RENT/ LEASE REAL PROPERTY

Management By: Total Commercial Real Estate, Inc.
 Leasing Agent: _____ Telephone: _____

THE PROPERTY

COMPLEX NAME		ST. NO.	ST. NAME		APT# UNIT#
PARKING SPACE #	STORAGE SPACE #	CITY	STATE	ZIP	
RENTAL RATE \$	PER	UTILITIES INCLUDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SECURITY DEPOSIT \$	INTENDED START DATE

INSTRUCTIONS TO APPLICANT:

Use Black ink. Except for your signature, all information in this Application must be PRINTED in clear and legible manner. One application must be filled out ENTIRELY and COMPLETELY by each intended adult occupant. Each Applicant must show satisfactory identification to

Owner/Manager at the time this Application is submitted for processing.

Cell Phone _____ Email _____
 Home Phone _____ Work Phone _____

APPLICANT'S PERSONAL DATA

FULL NAME: FIRST-MIDDLE-LAST-GENERATION	SOCIAL SECURITY	DRIVER LICENSE	STATE	BIRTHDATE
ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:				

OTHER PERSONS TO OCCUPY THE PROPERTY

FULL NAME	RELATIONSHIP	AGE	OCCUPATION

RESIDENCE HISTORY (List ALL residences for at least past 5 years. START WITH PRESENT RESIDENCE.)

STREET ADDRESS	CITY	STATE	ZIP	DATE IN	\$ RENT/ MO	LANDLORD NAME AND PHONE

EMPLOYMENT HISTORY (List ALL employers for past 5 years. START WITH PRESENT EMPLOYER.)

COMPANY			POSITION OR OCCUPATION	START DATE	MONTHLY WAGE
NAME	ADDRESS	PHONE			

BANKING INFORMATION

BANK OR S & L NAME	BRANCH	PHONE	ACCOUNT NUMBER	DATE OPENED	PRESENT BALANCE

PERSONAL REFERENCES (NOT RELATED)

FULL NAME	RELATIONSHIP	ADDRESS	PHONE NO.

NEAREST RELATIVE (NOT LIVING WITH YOU)

FULL NAME	RELATIONSHIP	ADDRESS	PHONE NO.

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IN CASE OF EMERGENCY NOTIFY

FULL NAME	RELATIONSHIP	ADDRESS	PHONE NO.

AUTOMOBILES

MAKE	MODEL	YEAR	LICENSE NUMBER	INSURANCE CO.

ACTIVE CREDIT ACCOUNTS

CREDITOR	YR OPENED	CREDITOR	YR OPENED

	YES	NO
HAS ANY CIVIL JUDGMENT BEEN ENTERED AGAINST YOU FOR THE COLLECTION OF A DEBT IN THE PAST 10 YEARS?		
DO YOU HAVE OR INTEND TO HAVE WATER FILLED FURNITURE IN THE RENTAL UNIT?		
DO YOU HAVE OR INTEND TO HAVE ANY PETS IN THE RENTAL UNIT?		
HAVE YOU FILED FOR BANKRUPTCY IN THE PAST 10 YEARS?		
HAVE YOU EVER BEEN EVICTED OR REFUSED TO PAY RENT FOR ANY REASON?		
HAVE YOU, OR DO YOU INTEND TO, POSSESS, SELL, OR USE ILLICIT DRUGS OR NARCOTICS IN OR ABOUT YOUR RESIDENCE?		
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR CONVICTED FOR A MISDEMEANOR?		
IF ANY QUESTION ABOVE HAS BEEN ANSWERED "YES", PLEASE EXPLAIN:		
HOW DID YOU HEAR OF THIS VACANCY?	IF ACCEPTED, HOW LONG DO YOU EXPECT TO STAY?	

The undersigned Applicant hereby offers to rent/lease real property described herein as THE PROPERTY. Applicant has no rights to said property until a Rental Agreement/ Lease is duly executed after the approval of this Application. A non-refundable credit check fee of \$30.00 to process this Application and an Application Deposit of N/A will be given by Applicant to the owner/manager when this Application is turned in for processing. The Application Deposit is fully refundable if Applicant is rejected or if written notice revoking this offer is received by the Owner/Manager prior to a acceptance of this offer. Applicant represents all information if this Application to be true and accurate and authorizes owner/manager and his/her/its employees and agents to verify said information in person, by mail, phone, fax, or otherwise, to determine Applicant's rental, credit, financial and character standing. Applicant hereby releases Owner/Manager, his/her/its employees and agents, Contemporary Information Corp., its employees and agents and any and all other firms or persons investigating or supplying information, from any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. All holders, public and private, of any such informaton are hereby authorized to release, without reservation or limitation, any and all such information they have concerning Applicant and in so doing, will be acting on Applicant's behalf at Applicant's request and will be held blameless without any liability whatsoever. A copy, fax, or other reproduction of the Authorization shall be as effective as the original.

This apartment building is a non-smoking building. All smoking of any type is absolutely prohibited. "Smoking" is defined as, but not limited to, any type of tobacco products, electronic cigarettes, E-vaporizer, marijuana and also includes any devices used in the above acts, including but not limited to, all pipes, vaporizers, cigarettes, rolling papers, hookah, etc. If you or any of your potential apartment are included in the above definition, then you should not apply as your application will be automatically rejected solely for this reason. In that case, we strongly advise you to seek alternate housig. This prohibition extends to all areas of the Landlord's real property and apartment building, including within each tenant's dwelling unit, balconies, patios and other exterior extensions, and all common areas, no matter their use or purpose.

_____ **Initial**

Dated

Applicant's Signature

Applicant's Name PRINTED