

MISCELLANEOUS

Do you own any pets? \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
(It is agreed and understood that this office must give written approval in advance of any pets being allowed on the property.)  
Do you own a waterbed? \_\_\_\_\_  
(It is agreed and understood that this office must be provided with proof of insurance for a waterbed prior to move in.)  
Are you a member of the Military or Reserves? \_\_\_\_\_ Branch \_\_\_\_\_

EMERGENCY CONTACTS

IN CASE OF DEATH, DISABILITY, MEDICAL EMERGENCY OR NON-PAYMENT OF RENT, PLEASE NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

APPLICATION TERMS AND CONDITIONS

Applicant has delivered \$ \_\_\_\_\_ in the form of a check or money order, receipt of which is hereby acknowledged as a deposit (and not payment) to be retained as hereinafter provided. Applicant agrees to sign lease by \_\_\_\_\_. In the event that the applicant is approved and the applicant fails or refuses to enter into the contemplated lease, Lessor shall retain the deposit as liquidated damages to cover the cost of removing the premises from the market and holding it for the applicant. In the event that the applicant is rejected, or the apartment is not ready on the desired date of occupancy, this deposit will be returned to the applicant.

This application is a preliminary step in the process of leasing the above-described apartment and is subject to approval or rejection by the Lessor. Upon notification of approval the deposit made will become the security deposit under the lease. Upon notification of rejection the applicant must promptly pick up the deposit check during normal business hours at the rental office. Please allow a minimum of 5 days to verify application.

I certify that all the information above is true to the best of my knowledge, and I understand that false statements or information will lead to cancellation of this application or termination of tenancy after occupancy. I do hereby authorize the representatives of this apartment community to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials, which are deemed necessary to complete my application for housing. I further authorize the said representatives to verify all information listed on this application. I understand that any information obtained by the representative will be held in the strictest confidence.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For Office Use Only—Do Not Write in This Block

This Application is \_\_\_\_\_ (Approved or Denied) Date: \_\_\_\_\_ By: \_\_\_\_\_  
Assigned to Apt. # \_\_\_\_\_ Move in Date: \_\_\_\_\_