Lexington Village Apartments Lease Application

PARTMENT COMMUNIT		as ofat the r				
Apt, loc	as	of	at the rent of			
) is deposited herewith to olication is approved, I agree that the mo law, and that I will enter into a lease on incurred by Owner shall by payable by t	o secure an apt reservation of oney deposited as an apt reso your standard form. Should	on the express understa ervation shall be applic I this application be car	inding that it will be ed toward my RENT ncelled by me, the a	e returned to me Γ deposit, for wl apt reservation d	if this application is not approved. If hich a separate receipt shall be given a leposit shall be forfeited. Any loss of r	
	Re	ntal Appli	cation			
Applicant Information						
Name:				DOB:		
SSN:	SN: Driver License#:			Phone:		
Current Address:					How Long?	
Email Address:	Email Address:					
Own Rent (Please circle) Monthly payment	or rent:		t. Acct #:		
Reason for Moving:						
Owner's Name:		Full Address:				
Your Previous address:						
Owned Rented (Please circle	Rented (Please circle) Monthly payment or rent:			How	v long?	
Reason for Moving:		_				
Owner's Name:		Full Address:				
Employment Informatio	n					
Current employer:		Immediat	e Supervisor:			
Employer address:				How	v long?	
Phone:	E-mail:			Fax	:	
Position:	Hourly Salary	(Please circle)		Gross Weekl	y Income:	
Emergency Contact						
Name of a person not residing w	th you:					
Address:						
City:	State:	ZIP Code	!	Pho	ne:	
Relationship:						
Co - Applicant Informat	on (Spouse or	r Roommate)	Pleas	e circle or	ne	
Name:			DOB:		Age:	
SSN:	Oriver License#:		F			
Current address:				•	How Long?	
Email Address:				Mobile#:	<u>.</u>	
Own Rent (Please circle	or rent:		Mor	t. Acct #:		
Reason for Moving:				•		
Owner's Name:		Full Address:				
Co-applicant Employme	nt Information					
Current employer:		Immediat	e Supervisor:			
Employer address:	•		How	v long?		
Phone:	E-mail:			Fax	•	

(Please circle)

Hourly

Salary



Gross Weekly Income:

Position:

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Personal References											
1. Name of a person not residing with you:											
Address:											
Phone:	Phone: Relationship:					nown:					
2. Name of a persor	not residing with	n you:				•					
Address:											
Phone:		Relationship:		Years known:							
Bank Referenc	es							(Please C	ircle)		
1.) Bank/Branch:			Acct. #					Checking	Savings		
Address:			-				ı				
2.) Bank Name: Acct. #			Acct. #					Checking	Savings		
Address:	1				·						
Credit (Loans	or Retail)										
			Acct. #				N	Monthly \$			
			Acct. #				Monthly \$				
Automobiles (Maximum of	2 per Unit)									
Year:	Make:		Model:	Color:		Acct #:					
Fully Paid: Y N	Payments Made	e to:			Acct #			Monthly: 9	5		
Year:	Make:		Model:	Color:		License Plate	:	-			
Fully Paid: Y N					Acct #	:		Monthly: \$			
Full Names of	Persons to C	Occupy Dwe	elling	(Note	: Occur	ancy is limit	ed to in	dividuals I	isted)		
Full Names of Persons to Occupy Dwelling (Note: Occupancy is limited to individuals listed) 1. Relationship:								•			
2.				Relationship:							
3.				Relationship:							
4.				Relationship:							
Type of Pet, We	ight, Breed (Cat, Dog, o	r No Pet)								
Please circle: Cat	Dog No	Pet Weight	(max 25lb):	Breed:							
Do you contemplate	or expect a new	born child with	nin the next 6 months	? []`	Yes	[] No					
Referrals											
How did you find ou	t about [] Apartment G	Guide [] A	Apartments.co	m	[] For	r Rent.co	om			
our rental?]] Move.com	[] Rent.com	[] Driv	е-Ву	[] Ot	her				
Referred By Anothe			B	Bldg		Apt					
How do you know e		fo aki o									
Authority for R	telease of In	rormation									
This release will constitute my/our consent and authority to examine statements and information regarding my/our background. I/We authorize you to contact my/our present and previous landlords, law enforcement agencies, credit agencies, and other references listed above. I/We hereby authorize the release of any and all data or records to Lexington and Hillcrest Village Apartments. This authorization is given in connection with a financial, criminal and previous rental history investigation being conducted relative to my/our application for credit dealing with rental property. I/We acknowledge that my/our application fee will not be refunded if the Landlord does not accept this application. I/We understand that I/we acquire no rights in a rental unit until I/we sign a Rental Agreement on the rental unit (noted above) to be held in accordance with the Rental Agreement. I/We declare the foregoing to be true under penalty of perjury. I/We agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above. I/We understand that my/our rent will commence upon the date of approval of my/our rental application and the availability of the dwelling, whichever occurs later.											
Applicant Signatu	re Date		te	Applicant Signature				Date			