

RENTAL APPLICATION

To be completed by Owner or Owner's Representative:

APARTMENT NUMBER ASSIGNED _____

MOVE IN DATE _____

FURNISHED _____

UNFURNISHED _____

DATE OF RECEIPT OF COMPLETED APPLICATION _____

INFORMATION ABOUT THE APPLICANT (RESIDENT)

GENERAL INFORMATION

Name	Social Security Number	School Attending, if applicable		
Present Street Address	City	State	Zip	Telephone
Date of Birth	Drivers License No./State OR Govt. Issued Photo ID No.			
Expected year of Graduation: _____	Are you a (circle one):	Smoker / Nonsmoker		
How did you hear about us?	_____			
Please identify preferred roommate(s):	_____			
Please state preferred floor plan(s):	_____			
Please list other occupants to reside in your unit under your lease:	_____			
	Name	Age	Relationship	
	Name	Age	Relationship	

EMPLOYMENT HISTORY (If Applicable)

Name of Present Employer	Street Address	City	State	Zip
Position Held with Present Employer	Monthly Income	Length of Employment		
Supervisor's Name	Telephone Number			

RENTAL/CRIMINAL HISTORY

Name of Present Landlord	Street Address	City	State	Zip
Telephone Number of Present Landlord	Date Moved In	Date Moved Out		
Name of Previous Landlord (immediately prior to the Present Landlord)	Street Address	City	State	Zip
Telephone Number of Previous Landlord	Date Moved In	Date Moved Out		

Have you ever (check if applicable; you represent the answer is "No" to any item not checked below):

- | | |
|--|---|
| <input type="checkbox"/> been evicted or asked to move out? | <input type="checkbox"/> received deferred adjudication for a Felony? |
| <input type="checkbox"/> broken a rental agreement or lease contract? | <input type="checkbox"/> been convicted of a Felony? |
| <input type="checkbox"/> been or are currently delinquent to a previous landlord? | <input type="checkbox"/> been arrested for a Felony which has not been fully adjudicated (by dismissal, acquittal or conviction)? |
| <input type="checkbox"/> had more than 4 late payments or 2 returned checks for rent in the most recent 12 month period? | |

YOUR VEHICLE(S) If Applicant will be parking a vehicle on the property, please provide the following information:

Vehicle Type (car, motorcycle, truck)	Make of Car	Year	License Plate No.
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EMERGENCY In case of emergency, notify (preferably a relative):

Name Address Relationship Home Phone No. Work Phone No.

If you become seriously ill or die, you authorize Owner to allow the person listed above to: (i) have access to your dwelling at a reasonable time and in the presence of Owner or the Owner's agent; (ii) remove any of your property found in your dwelling or in your mailbox, storerooms and common areas; and (iii) be refunded your security deposit, less lawful deductions.

INFORMATION ABOUT THE GUARANTOR

The Guarantor shall be: (1) the Parent or another person having such legal custody of Applicant, (2) the designee of such parent or other person, with written permission of such parent or other person, or (3) another person related to Applicant.

Name of Guarantor Relationship to Applicant Daytime Telephone

Street Address City State Zip Home Telephone

If you are a NON-PARENT GUARANTOR, please provide the following:

Signature Social Security Number Birthdate

Authorization: Applicant (and Non-Parent Guarantor if applicable) represents that all of the above information is true and complete and authorizes the verification of same and the performance of a credit check on the Non-Parent Guarantor and Applicant as appropriate by any means. Applicant (and Non-Parent Guarantor if applicable) acknowledges that false information herein may constitute grounds for rejection for this application, termination of right of occupancy and non-return of deposits. Applicant (and Non-Parent Guarantor if applicable) further acknowledge that an investigative consumer report including information as to character, general reputation, personal characteristics and mode of living, whichever are applicable, of the Applicant (and Non-Parent Guarantor if applicable) may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the persons rights under The Fair Credit Reporting Act. Applicant (and Non-Parent Guarantor if applicable) hereby authorizes Owner or Owner's agents to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's agents to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's agents to use such consumer report in attempting to collect any amounts due and owing under the Lease or the Guaranty or for any other permissible purpose.

APPLICATION DEPOSIT AND NON-REFUNDABLE FEE:

Simultaneously with the execution of this Application, Applicant has paid:

Table with 3 columns: Fee Type, Amount, Check Number. Rows include Application Deposit, Non-Refundable Application Fee, and Total.

Applicant acknowledges that Owner's acceptance of Applicant as a resident at the property is conditional upon: (i) Owner's acceptance of the Application; (ii) Receipt of an executed Resident Lease Agreement from Applicant; and (iii) if required by Owner, Receipt of an executed Guaranty of Resident Obligations. In the event any of these conditions have not been met, Owner shall have no obligation to lease to Applicant.

The Application Deposit is not considered a security deposit under this Application or Applicable Law. The Application Deposit will either be: (a) credited to the required security deposit and the non-refundable administration fee under this Application and a Resident Lease Agreement executed by Applicant; (b) refunded to Applicant as provided herein; or (c) retained by Owner as liquidated damages as provided herein.

Application Deposit Credited to Security Deposit and Non-Refundable Administration Fee

In the event that this Application is acceptable to Owner and Applicant meets all other conditions of occupancy, executes a Resident Lease Agreement with Owner and returns an executed Guaranty of Resident Obligations, as and when required by Owner, \$ _____ of the Application Deposit shall be credited toward the security deposit identified in the Lease and \$ _____ of the Application Deposit shall be credited toward the non-refundable administration fee pursuant to the Lease.

Application Deposit Refunded

If the Application is not approved or if the Application is withdrawn within 3 days after signing this Application, the Application Deposit will be refunded to Applicant. In order to withdraw the Application, Applicant must provide written notice of withdrawal to Owner; such notice will only be effective on the date Owner actually receives such notice.

Application Deposit Retained by Owner

Owner shall be entitled to retain the Application Deposit as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if (1) the Application is withdrawn after 3 days after signing this Application, for any reason; or (2) the Application is accepted, but Applicant does not sign a Resident Lease Agreement; or (3) Applicant does not return an executed Guaranty of Resident Obligations as and when required by Owner. **NOTWITHSTANDING THE FOREGOING, IN THE EVENT APPLICANT SUBMITS AN EXECUTED RESIDENT LEASE AGREEMENT BUT DOES NOT SUBMIT AN EXECUTED GUARANTY OF RESIDENT OBLIGATIONS AS AND WHEN REQUIRED BY OWNER, OWNER SHALL HAVE THE RIGHT, BUT NOT THE OBLIGATION, TO REQUIRE APPLICANT TO HONOR ITS OBLIGATIONS UNDER AND COMPLY WITH ALL OBLIGATIONS OF THE RESIDENT LEASE AGREEMENT.**

Dated effective on the date Owner or Owner's representative has received a completed Application from Applicant, as indicated above.

OWNER: STERLING UNIVERSITY Blue Moon Softw APARTMENTS
Signature:
Name Printed:
Date:

APPLICANT:
Signature:
Name Printed:
Date:

