**Prospective Resident Lease Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 2. Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Phone: | | | | | | | | *First Middle Last* | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Home Phone: | | | | | | | | | | *First Middle Last* | | | | | | | | | | | | | | | | | | | | | |
|  | | Cell Phone: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Cell Phone: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Driver’s Lic. #: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Driver’s Lic. #: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Date of Birth: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Date of Birth: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Soc. Sec. No. | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Soc. Sec. No. | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Email: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. Present address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Circle one: | | | | | | *House Number*  Lease Own Other: | | | | | | | | | | | | | | | | | | *Street Name* | | | | | | | | | | *City State*  Length at current address (in months): | | | | | | | | | | | | | | | | | | | | | | | | | | | *Zip Code* | | | | | | | | | | |
| List name and address of landlord or mortgage company on the line provided below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Monthly Payment: | | | | | | | | | | | | | | |  | | |
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| 3. Previous address if above is less than two years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. Applicant’s occupation: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Employed by: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | |  | | | | | | | | | | | | | | | | Work email: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Start date: | | | | | | | | | | | |  | | | | | | | |
| Immediate supervisor: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gross monthly income: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Other income (i.e. alimony, child support, other job, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Source: | | | | | | | | |  | | | | | | | | | | | | |
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| 5. Spouse’s occupation: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Employed by: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | |  | | | | | | | | | | | | | | | | Work email: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Start date: | | | | | | | | | | | |  | | | | | | | |
| Immediate supervisor: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gross monthly income: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Other income (i.e. alimony, child support, other job, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Source: | | | | | | | | |  | | | | | | | | | | | | |
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| 6. Other occupants of apartment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth | | | | | | | | | | | | | | | | | | | | |
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| 7. Emergency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | |  | | | | | | | | | |
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| 8. Number of autos owned or used by all occupants: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Make and model | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Color | | | | | | | | | | Year | | | | | | | Plate Number | | | | | | | | | | | | | | | | | Issuing State | | | | | |
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| 9. Pets: Number of Dogs | | | | | | | | | | | | | | | | |  | | | | | | | | Weight(s): | | | | | | | |  | | | | | | | | | Number of cats: | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
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| 10. Has an eviction ever been filed against you? If so when? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Initial here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Continuation of Lease Application for *Applicant Name(s):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. Do you have renter’s insurance? Yes No *(circle one)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If yes, name of carrier: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| 12. Have you ever had problems with pest contaminations, such as bed bugs? Yes No *(circle one)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | If yes, please identify the year, describe the problem and describe the corrective actions taken, if any: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I/we understand and agree that if this offer to lease is accepted, I/we will execute a lease with Denizen Management and **the first rental payment will be due upon the first day of occupancy** and will cover the period from the first day of the term through the remainder of that month. Thereafter, all rental payments will be due and payable in advance on the first day of each month. I/we hereby consent to allow Denizen Management through its designated agent and its employees, **to obtain and verify my/our credit, criminal and related information** for the purpose of determining whether or not to lease to me/us an apartment. I/we understand that should I/we lease an apartment, Denizen Management and its agent shall have a continuing right to review my/our credit information, rental application, criminal information, related information, payment history and occupancy history for account review purposes and for improving application methods.  I/we understand that a deposit/deposit alternative of $ consideration of this application. I/we understand that this payment will be returned **only if this application is not approved** by Denizen Management.    I/we hereby agree that Denizen Management may retain the entire deposit of $ tendered by me/us with this lease application should Denizen Management approve the lease application, and I/we for any reason fail, refuse or decide not to execute a lease agreement with Denizen Management for the unit described below.  The application fee in the amount of $ per person and an administration fee of $ is not refundable under any circumstance.. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TO BE COMPLETED BY DENIZEN MANAGEMENT LEASING PROFESSIONAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Apt # | | | | |  | |
| Type: | | | |  | | | | | | | | Rent: | | | | | | | |  | | | | | | Possession Date/Lease Begins: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Lease Expires: | | | | | | | | | | | |  | | | |
| Special Terms *(if applicable)*: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| App. Fee | | | | | | |  | | | | | | | | | | | Date Rec’d: | | | | | | | | | |  | | | | | | | | Initialed by: | | | | | | | | |  | | | | | | | | | | | | Check # | | | | | | | | | |  | | | | |
| Deposit | | | | | | |  | | | | | | | | | | | Date Rec’d: | | | | | | | | | |  | | | | | | | | Initialed by: | | | | | | | | |  | | | | | | | | | | | | Check # | | | | | | | | | |  | | | | |
| Pet Deposit | | | | | | |  | | | | | | | | | | | Date Rec’d: | | | | | | | | | |  | | | | | | | | Initialed by: | | | | | | | | |  | | | | | | | | | | | | Check # | | | | | | | | | |  | | | | |
| Total Pet Fee: | | | | | | | |  | | | | | | | | | | Water Fee: | | | | | | | | | |  | | | | | | | | Storage Fee: | | | | | | | | |  | | | | | | | | | | | | W/D Fee: | | | | | | | | | |  | | | | |
| Assigned Parking Fee: | | | | | | | | | | | | |  | | | | | | | | | Other Fees: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Equal housing opp..jpgEach applicant shall be processed under the terms of the equal housing statutes and each applicant shall be given the right to inspect, select and lease housing accommodations without regard to race, sex, color, religion, national origin, handicap or familial status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Signature: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | |  | | | | | | | |
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| Spouse’s Signature: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | |  | | | | | | | |
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| Denizen Management Signature: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | |  | | | | | | | |