

**APPLICATION FOR APARTMENT LEASE      NON-REFUNDABLE APPLICATION FEE**

DATE OF APPLICATION \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ MOVE-IN DATE \_\_\_\_\_  
ONE BDRM \_\_\_\_\_ TWO BDRM \_\_\_\_\_ UNIT \_\_\_\_\_

---

Applicant's full name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant's full name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Other Occupants' Names and Birth Dates: \_\_\_\_\_

---

**RENTAL HISTORY:**

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Time at Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Amount of Rent Paid: \$ \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CO-APPLICANT'S RENTAL HISTORY:**

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Time at Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Amount of Rent Paid: \$ \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Have you ever:      Been Evicted:       Yes     No    Co-Applicant:     Yes     No  
                                 Filed for Bankruptcy:     Yes     No                                    Yes     No  
                                 Refused to Pay Rent:     Yes     No                                    Yes     No

---

**EMPLOYMENT HISTORY:**

Present Status of Employment:     Full Time     Part Time     Student     Retired

Employed By: \_\_\_\_\_ Hire Date: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Supervisor's Name and Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Income: \$ \_\_\_\_\_ Other Sources of Income: \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYMENT HISTORY:**

Present Status of Employment:     Full Time     Part Time     Student     Retired

Employed By: \_\_\_\_\_ Hire Date: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Supervisor's Name and Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Income: \$ \_\_\_\_\_ Other Sources of Income: \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

---

**APPLICANT:**

Your Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

**CO-APPLICANT:**

Your Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

---

**PLEASE LIST YOUR BANK AND CREDIT REFERENCES:**

**APPLICANT:**

YOUR BANK (S)	CITY/STATE	BRANCH	TYPE OF ACCT	ACCT. NUMBER
1. _____				
2. _____				

CREDIT REFERENCES

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**CO-APPLICANT:**

YOUR BANK (S)	CITY/STATE	BRANCH	TYPE OF ACCT.	ACCT. NUMBER
1. _____				
2. _____				

CREDIT REFERENCES

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

---

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

---

**I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION AN INVESTIGATIVE CONSUMER CREDIT REPORT WILL BE ORDERED AND AT THE LANDLORD'S DISCRETION MAY CONTINUE AT ANY GIVEN TIME TO RECOVER ANY DEBT BY MEANS OF CONSUMER CREDIT INVESTIGATION. ALSO EMPLOYERS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND**

THAT THE ACCEPTANCE OR REJECTION OF THIS APPLICATION IS AT THE SOLE DISCRETION OF THE MANAGEMENT. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**A SECURITY DEPOSIT WILL BE REQUIRED WITHIN THREE (3) DAYS OF APPROVAL. IF APPLICANT FAILS TO GIVE THE REQUIRED SECURITY DEPOSIT AFTER THE TIME ALLOWANCE OF THREE (3) DAYS, WAWASET PLACE APARTMENTS HAS THE RIGHT TO CANCEL APPLICATION.**

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of your driver's license, social security card, and two current pay stubs must accompany this application before it will be considered for review!!!!**

If the above application is approved by the management of Wawaset Place Apartments, the below signed applicant understands that he/she has five (5) days to cancel the application and receive a full refund of the security deposit, that will be paid within 5 business days. If the application is canceled after five (5) days, the applicant agrees that full deposit will be forfeited. At no time for any reason will the application fee be refunded.

I agree to the above statement by signing below:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date