



APPLICATION FOR TENANCY

Primary Applicant Co-Signer Add on roommate Date: ___/___/20___

Proposed Unit # _____ Proposed Rent: \$ _____

Pets? Yes No Military? Yes No Smoker: Yes No

APPLICANT'S PERSONAL INFORMATION

Applicant's Full Name: _____ Age: _____

Present Address: _____ City: _____ State: _____ Zip: _____

How long at above address?: _____ Date of Birth: ___/___/___ SSN: _____ - _____ - _____

Present address is (check one) own home parents' home renting home/apt.

Drivers License #: _____ State: _____ # of cars _____

Make: _____ Model: _____ Color: _____ License Plate # _____

Make: _____ Model: _____ Color: _____ License Plate # _____

Phone: (____) _____ Cell: (____) _____

E-Mail Address: _____

APPLICANT'S RENTAL REFERENCE INFORMATION

Present Landlord/Community: _____ Manager's Name (Contact): _____

Present Landlord's Address: _____

City: _____ State: _____ Zip: _____

Monthly Rent: \$ _____ Reason for leaving: _____

Occupancy: From: ___/___/___ To ___/___/___

Phone: (____) _____ Fax: (____) _____

Past Landlord/Community: _____ Manager's Name (Contact): _____

Past Landlord's Address: _____

City: _____ State: _____ Zip: _____

Monthly Rent: \$ _____ Reason for leaving: _____

Occupancy: From: ___/___/___ To ___/___/___

Phone: (____) _____ Fax: (____) _____

APPLICANT'S EMPLOYMENT INFORMATION

Current Employer's Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____

Supervisor's Name: _____ Your Position: _____ How long on job?: _____

Please check one : _____ part time _____ full time Monthly income (gross) _____

Previous Employer's Name: _____ Phone #: (____) _____

Address: _____ City: _____ State: _____

Supervisor's Name: _____ Your Position: _____ How long on job?: _____

Please check one : _____ part time _____ full time Monthly income (gross) \$ _____

ADDITIONAL OCCUPANT/MINOR CHILDREN, ROOMMATE, OR SPOUSE

Full Name: _____ Age: _____ Date of Birth: ____/____/____

Full Name: _____ Age: _____ Date of Birth: ____/____/____

Full Name: _____ Age: _____ Date of Birth: ____/____/____

Relationship to Applicant: _____ Spouse; _____ Relative; _____ Other (specify) _____

Present address (if different from above): _____

City: _____ State: _____ Zip: _____

How long there: _____ Phone : (____) _____ SSN: _____ - _____ - _____

Drivers license #: _____ State: _____ # of cars: _____

E-Mail Address: _____

Current Employer's Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Your Position: _____ How long on job?: _____

Please check one : _____ part time _____ full time Monthly income (gross)\$ _____

IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Phone: (____) _____

CREDIT REFERENCES

Please provide names and addresses:

1. _____
(Name) (Address) (City) (State)

2. _____
(Name) (Address) (City) (State)

3. _____
(Name) (Address) (City) (State)

APPLICANT'S PERSONAL REFERENCES

Please provide names and addresses of three persons who know you well:

- 1. _____
 (Name) (Address) (City) (State)
- 2. _____
 (Name) (Address) (City) (State)
- 3. _____
 (Name) (Address) (City) (State)

APPLICANT'S STATEMENTS

Have you ever filed a petition for Bankruptcy? / Date of Discharge: _____ YES/NO

Have you ever been evicted from a residential tenancy? / Date: _____ YES/NO

Have you ever refused to pay rent when due? / Date: _____ YES/NO

Have you ever been arrested or convicted of a felony? / Date: _____ YES/NO

If you answered YES to any of the above, please explain: _____

Applicant(s) are aware that a Holding Fee of \$ _____ is required when submitting an application for tenancy. This Holding Fee is for the removal of the requested apartment from the marketplace and the apartment not being available to other prospective tenants.

IF, AFTER SUBMITTING THIS APPLICATION, FOR ANY REASON, AT ANY TIME, THE APPLICANT(S) CHANGE THEIR MINDS, OR OCCUPANCY IS NOT INITIATED IN THE MANNER DESCRIBED HEREIN AFTER APPROVAL OF THE APPLICATION, THE TOTAL HOLDING FEE WILL BE FORFEITED.

(Initials) (Initials)

Upon execution of the written Lease Agreement, the Holding Fee will be applied to the non-refundable Cleaning Fee for this rented apartment. If applicant(s) are denied, the Holding Fee will be refunded when proof that their check has cleared banking channels is available. If cash or money order is utilized for payment, the Holding Fee will be refunded by mail from our corporate offices within five (5) days of our denial of the application.

I agree and give permission for Apartment Associates of Pierce County, LLC or their agent to make a photocopy of my identification provided and Social Security card in order to process my application for rental of the apartment.

Applicant / /
Date

Applicant / /
Date