

RENTAL APPLICATION

Market Rate Communities and/or Market Rate Units Only



The undersigned hereby makes application to rent unit number _____ located at _____ beginning on _____, at a monthly rate of \$ _____

Please answer all questions on this application. Enter "None" or "N/A" for questions that do not apply to you. Each co-applicant and each occupant 18 years old and over must submit a separate application. Assistance to complete the application will be made available upon request.

Application Date: _____ Preferred Move-in Date: _____

Full Name: *(Exactly as it appears on Driver's License or Govt. ID card)*

Alias/Maiden/Former Name: _____

Date of Birth: _____ Social Security Number: _____

Main Contact Number: _____ Alternative Contact Number: _____

Driver's License #: _____ Email: _____

Is there a co-applicant for the unit you are applying? Yes No

If yes,

Co-applicant Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Co-applicant Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Number of Occupants that will be living with you: _____ (PLEASE NOTE: ANYONE 18 YEARS OLD AND OVER MUST SUBMIT A SEPARATE APPLICATION)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Rental History

Present Address: _____ Rent: Own:

City: _____ State: _____ Zip: _____

Rent Amount: _____ Month & Year Moved In _____ Moved Out _____

Landlord Name: _____ Landlord Phone: _____

Landlord Email: _____ Landlord Fax: _____

Lease Term: _____

Reason for Leaving: _____



Have you, or your spouse / co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, or any other violation? Yes No

Have you or anyone in your household ever been convicted of a felony or involved in criminal activity that posed a threat to the health, safety, or welfare of others? Yes No

Have you been convicted of any non-traffic misdemeanors? Yes No

Have you or any member of your household been convicted of illegal use, distribution or manufacture of an illegal drug or other controlled substance? Yes No

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes No

If you answered yes to any of the above indicate the year, location, and explanation. We may need to discuss more facts before deciding. You represent the answer is "no" to any item not checked above.

How did you hear about us? _____

Were you referred by anyone? Yes No If yes, Name: _____

Do you have or plan to have pets occupy your apartment at? Yes No

If yes, how many? _____ Type/Breed: _____ Weight: _____

Employment - *Proof of Income is Required to be Considered*

Employer: _____ Employer Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____ Supervisor Name: _____

FT: PT: _____ Date(s) Employed: From _____ To _____

Hourly Rate/Salary Amount: _____

Previous Employer: _____ Employer Phone: _____

Position/Title: _____ Supervisor Name: _____

FT: PT: _____ Date(s) Employed: From _____ To _____

Vehicle Information

List all vehicles owned or operated by any occupants (including cars, trucks, motorcycles, trailers, etc.)

Make: _____ Model: _____ Color: _____

Year: _____ License Plate #: _____ State: _____

Make: _____ Model: _____ Color: _____

Year: _____ License Plate #: _____ State: _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____ RELATIONSHIP: _____

Full Address: _____

Home Phone: () _____ Work Phone: () _____

I hereby apply to lease the above-described premises for the term upon the conditions above set forth and agree that the rental payment is to be remitted the _____ day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$ _____ of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ _____ as a holding deposit to be refunded to me if this application is not accepted or cancelled within 72 hours from the date of application. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for _____ months and to pay the balance of the security deposit before possession is given, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent or cancelled within 72 hours from the date of application, the deposit will be refunded within 30 days, thereby waiving any claim for damages by reason of nonacceptance.

I certify that all application information is true and complete to the best of my knowledge. I hereby grant permission to Fairfield Homes, Inc., and its staff to contact any agencies, offices, groups, or organizations to obtain any information or materials which are deemed necessary to complete my application, including rental, credit, criminal, employment, and law enforcement history. I hereby release all parties from any liability in connection with the provision and use of this information. I understand that this application does not constitute any oral and/or written commitments on the part of Fairfield Homes, Inc.

An application fee of \$ _____ must be paid for the purposes of verifying the information included on this application. I understand that this charge is not, under any circumstance, to be returned to me or credited toward a security deposit or rent. Application fee can be paid with money order or check.

Signature of Applicant: _____ Date: _____

----- **For Office Use Only** -----

Payment of \$ _____ received by (Agent name) _____ Date and Time _____

This application form received by (Agent name) _____ Date and Time _____

This application Approved Not Approved

By _____ Title _____ Date _____

If not approved, specify reason(s) _____

Applicant Notified by (Name) _____

Notified by: Letter (Attach Copy) Email (Attached Copy) Telephone Fax In Person

