

Freeman Apartment Application

Today's Date _____

Print Clearly

How Many Years Do You Expect To Lease This Apartment? _____

Property Street Address & Apt # _____

Desired Date of Occupancy _____

Application must be completed by each person 18 years or older.

| | | | | | |
|--|-------------------------------|---------------------------|--------------------------------------|-----------------------------------|------------------------------------|
| First Name | Middle Initial | Last Name | Date of Birth | Age | Email Required |
| Cell Phone # | Home Phone # | Work Phone # | Marital Status: Click one? | Married <input type="checkbox"/> | Single <input type="checkbox"/> |
| Drivers License # | State Issued | Social Security # | Student ID # | Divorced <input type="checkbox"/> | Separated <input type="checkbox"/> |
| #1 Emergency Contact Name & Relationship | | Home Phone # | Address | City | State, Zip Code |
| #2 Emergency Contact Name & Relationship | | Home Phone # | Address | City | State, Zip Code |
| Present Street Address | City | State | Zip Code | How long? | |
| Present Property Owner or Manager's Name | Owner/Manager's Business Ph # | Owner/Manager's Cell Ph # | Did you Break or Fulfill Your Lease? | | |
| Previous Street Address If Less Than 5 Years | City | State | Zip Code | How long? | |
| Previous Property Owner or Manager's Name | Owner/Manager's Business Ph # | Owner/Manager's Cell Ph # | Did you Break or Fulfill Your Lease? | | |
| Have You Ever Been Served With Eviction Notice Or Been Evicted? If Yes, Explain. | Explain Here | | | | |

| | | | | | |
|--|---|-----------|---------------|-----|---------------------|
| Will There Be Others Living In The Apartment? If Yes, List Each Individual Below. <input type="checkbox"/> Yes <input type="checkbox"/> No | Have You Ever Been Convicted Of A Felony or Sex Crime? If Yes, Explain, Include Year. | | | | |
| First Name | Middle Initial | Last Name | Date of Birth | Age | Relationship To You |
| First Name | Middle Initial | Last Name | Date of Birth | Age | Relationship To You |
| First Name | Middle Initial | Last Name | Date of Birth | Age | Relationship To You |
| First Name | Middle Initial | Last Name | Date of Birth | Age | Relationship To You |

| | | | | | |
|---|-------|-------|-----------------|------------------|-------------------|
| Are You Housing A Pet? <input type="checkbox"/> Yes <input type="checkbox"/> No | Type | Breed | Color | Age | Full Grown Weight |
| Make & Model Of Vehicle | Color | Year | License Plate # | State Registered | |
| Make & Model Of Vehicle | Color | Year | License Plate # | State Registered | |

| | | | | |
|--|------------------------------------|-----------|----------------------|-----------------------------------|
| Employer's Name? If Unemployed Enter "None." | Employer's Street Address | City | State | Zip Code |
| How Long? | What is Your Income? Wkly Mthly | Job Title | Business Phone # | Name of Supervisor or H.R. Person |
| Credit References | Name Of Your Bank | Account # | Bank Account Balance | City, State, Zip |
| Credit Card Type | Issuing Bank | Account # | Credit Card Balance | City, State, Zip |

THIS APPLICATION IS SUBJECT TO EXECUTION BY AN OFFICER OF SAID COMPANY AND DELIVERY OF A LEASE COVERING SAID PREMISES. ACCEPTANCE MAY BE BASED ON, BUT IS NOT LIMITED TO, THE VERIFICATION OF THE FOLLOWING: ALL EMPLOYMENT AND CREDIT REFERENCES LISTED ABOVE OR SEPARATELY ATTACHED, PAYMENT HISTORY, RENTAL HISTORY AND A COMPREHENSIVE BACKGROUND CHECK. PLEASE ALLOW AT LEAST ONE (1) TO SEVEN (7) DAYS TO PROCESS YOUR APPLICATION. IF ACCEPTED, I AUTHORIZE THE LESSOR AND ITS AGENTS TO CONTINUOUSLY REVIEW MY CREDIT INFORMATION, PAYMENT HISTORY, AND CRIMINAL BACKGROUND THROUGHOUT THE TERM OF MY LEASE FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS. APPLICANT HAS DEPOSITED HERewith THE SUM OF \$ N/A, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, AS A NON-INTEREST-BEARING DEPOSIT, AND NOT AS A RENTAL PAYMENT, TO BE REFUNDED AS HEREINAFTER PROVIDED IN THE LEASE AGREEMENT. IN THE EVENT THE APPLICATION IS APPROVED AND APPLICANT FAILS OR REFUSES TO ENTER INTO THE CONTEMPLATED LEASE, OWNER SHALL RETAIN THE SAID DEPOSIT AS LIQUIDATED DAMAGES TO COVER THE COST OF TAKING AND PROCESSING THIS APPLICATION AND REMOVING THE PREMISES FROM THE MARKET AND HOLDING SAME FOR APPLICANT. IN THE EVENT THIS APPLICATION IS DISAPPROVED, OR FOR ANY OTHER REASON FOR WHICH OWNER IS RESPONSIBLE, AND THE LEASE AGREEMENT IS NOT CONSUMMATED, THIS DEPOSIT WILL BE RETURNED TO APPLICANT. IT IS EXPLICITLY UNDERSTOOD BY THE UNDERSIGNED THAT THE BEST POSSIBLE EFFORTS OF MANAGEMENT WILL BE MADE TO MAKE THE APARTMENT AVAILABLE BY THE DESIRED DATE OF OCCUPANCY. HOWEVER, CIRCUMSTANCES BEYOND THE CONTROL OF MANAGEMENT, INCLUDING THE FAILURE OF AN EXISTING TENANT TO VACATE A UNIT PROMPTLY, MAY OCCUR THAT MIGHT DELAY THE AVAILABILITY OF THE UNIT. UNLESS OTHERWISE STIPULATED ON THIS APPLICATION, SUCH A DELAY WILL NOT BE JUSTIFICATION FOR THE APPLICANT TO AVOID TAKING THE APARTMENT OR EXECUTING A LEASE. FAILURE BY APPLICANT TO DO EITHER WILL BE CAUSE FOR FORFEITURE OF DEPOSITS.

Applicant's Signature _____ Owner or Authorized Agent _____

How Did You Hear About This Apartment?