



FOULGER-PRATT

Apartment Leased _____

Date _____

Consultant _____



MANAGEMENT RENTAL APPLICATION

APPLICANT **CO-APPLICANT**

Applicant Name (include Jr. or Sr. if applicable):			Co-Applicant Name (include Jr. or Sr. if applicable):		
Social Sec. No:	Date of Birth:		Social Sec. No:	Date of Birth:	
Home Phone:	Daytime Phone:		Home Phone:	Daytime Phone:	
E-Mail Address:			E-Mail Address:		
Driver's Lic. No./State:	Student: __ Yes __ No	Mother's Maiden Name:	Driver's Lic. No./State:	Student: __ Yes __ No	Mother's Maiden Name:
Vehicle Make/Model/Year/Tag # :			Vehicle Make/Model/Year/Tag # :		

Provide Addresses for prior 24 months **Provide Addresses for prior 24 months**

Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)				
Own	Rent	M/I Date: _____	Lease Expires: _____	Own	Rent	M/I Date: _____	Lease Expires: _____
Rent/Mort. Amt \$ _____		Present Landlord: _____		Rent/Mort. Amt \$ _____		Present Landlord: _____	
Tel.: _____		Tel.: _____		Tel.: _____		Tel.: _____	
Former Address (street, city, state, zip code)			Former Address (street, city, state, zip code)				
Own	Rent	M/I Date: _____	Lease Expires: _____	Own	Rent	M/I Date: _____	Lease Expires: _____
Rent/Mort. Amt \$ _____		Present Landlord: _____		Rent/Mort. Amt \$ _____		Present Landlord: _____	
Tel.: _____		Tel.: _____		Tel.: _____		Tel.: _____	

Person(s) to occupy apartment in addition to applicants:

Name:	Relationship:	Social Sec. No.:	Date of Birth:
Name:	Relationship:	Social Sec. No.:	Date of Birth:
Name:	Relationship:	Social Sec. No.:	Date of Birth:
Pet: Yes No	Type:	Breed:	Size: Description:

APPLICANT EMPLOYMENT INFORMATION **CO-APPLICANT EMPLOYMENT INFORMATION**

Name & Address of Employer:	Yrs. on this job:	Name & Address of Employer:	Yrs. on this job:
Self Employed	Monthly Income: \$ _____	Self Employed	Monthly Income: \$ _____
Position/Title/Type of Business:	Personnel Phone:	Position/Title/Type of Business:	Personnel Phone:

If employed in current position for less than one year or if currently employed in more than one position, complete the following.

Name & Address of Employer:	Dates (from-to):	Name & Address of Employer:	Dates (from-to):
Self Employed	Monthly Income: \$ _____	Self Employed	Monthly Income: \$ _____
Position/Title/Type of Business:	Personnel Phone:	Position/Title/Type of Business:	Personnel Phone:

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Additional Monthly Income	Applicant	Co-Applicant	Total
Bonuses/Commissions/Other			
Alimony/Child Support			
Total	\$	\$	\$

* Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

IN CASE OF EMERGENCY: (Please include one local contact)

Name:	Address:	Tel #:	Relationship:
Name:	Address:	Tel #:	Relationship:

I hereby give consent to contact the individual listed above to discuss an emergency situation. _____ **Initials**

DECLARATIONS

If you answer "yes" to any questions a through h, except f, please use continuation sheet for explanation.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding liens or judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If yes give details as described in the preceding question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. *Have you been convicted of a felony or a crime of violence against a person or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. *Are you listed on any government-sponsored registry naming terrorists, Most Wanted criminals or sex offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Each occupant 18 years of age or older must answer questions "g" and "h" and sign an application with the answers. False statements will be considered false statements by the applicant(s).

ACKNOWLEDGMENT AND AGREEMENT

I understand that the Reservation Deposit will be refunded to me if this Application is not approved. If this Application is approved, the Reservation Deposit shall become part of the Security Deposit and may be forfeited in accordance with applicable law if move-in does not occur. It is understood that the application processing fee is not refundable, except as provided by applicable law.

I hereby authorize Foulger-Pratt Companies, and its employees or agents, to verify all of the information in this application, including specifically to obtain public and non-public references and credit reports or records and criminal (including sex offender) background records, if applicable. I also expressly authorize Foulger-Pratt Companies, and its employees or agents (including a third party collection agency), to obtain such references and reports at any time during the term of my tenancy and after termination of my lease, if such reports are needed in attempting to review my continuing eligibility to be a resident, collect any defaulted payments or charges, or for any other permissible purpose.

Applicant represents that all the statements herein are true, and if they change during the term of the tenancy, I will immediately notify the management staff.

Applicant Signature X	Date:	Applicant Signature	Date:
Management Representative Signature X		Date	

Foulger-Pratt Companies and the owner are committed to comply with all federal, state and local fair housing and equal housing opportunities laws.