



THE SEASONS APARTMENTS APPLICATION TO RENT OR LEASE

Unit Address/Unit Type _____ Move-in Date _____ Rental Rate _____

APPLICANT INFORMATION (All sections must be completed)

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other name used in the last 10 years				Work Phone		Home Phone Number ()	
Date of Birth		E-mail Address				Mobile/Cell Phone Number ()	
		Email Communication: <input type="checkbox"/> Opt-in <input type="checkbox"/> Opt-out					
Photo ID/Type	Number			Issuing government/Entity			Exp. Date
Will you have pets? (Pets require our consent) YES or NO		How many?	Type(s)	Breed:	Weight:	Age:	

OTHER OCCUPANTS (Individual applications required from each occupant 18 years of age or older)

Full Name		Date of Birth		Full Name		Date of Birth	
Full Name		Date of Birth		Full Name		Date of Birth	

RENTAL/MORTGAGE HISTORY (2 years history required)

1.	Current address			City	State	Zip
	Move in Date		Owner/Agent/Mgmt Name		Owner/Agent/Mgmt phone number ()	
	Reason for moving				Current Rent/Mortgage \$ /month	
2.	Previous address			City	State	Zip
	Date in	Date out	Owner/Agent/Mgmt Name		Owner/Agent/Mgmt phone number ()	
	Reason for moving				Rent/Mortgage \$ /month	
3.	Previous address			City	State	Zip
	Date in	Date out	Owner/Agent/Mgmt Name		Owner/Agent/Mgmt phone number ()	
	Reason for moving				Rent/Mortgage \$ /month	

EMPLOYMENT

Status Full/Time <input type="checkbox"/> Part/Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/>						
A.	Present Occupation / Position			Employer name		
	Date of employment		Employer phone number ()		Employer address	
	Supervisor or HR Contact			City, State, Zip		
Current gross income (monthly) \$		List additional verifiable income/assets you want considered: Source/Bank: _____ Amount per month: _____				



CREDIT REFERENCES

Name of your bank	Branch or address	Saving/Checking Account Number

PERSON TO NOTIFY IN CASE OF EMERGENCY (Cannot be someone who intends to reside in the premises)

Full Name:	Phone ()
Address: Street, City, State, Zip	Relationship

FILED FOR BANKRUPTCY?	[Yes / No]	Date:	If Yes, date of DISCHARGE:
BROKEN A RENTAL AGREEMENT OR LEASE?	[Yes / No]	Date:	If Yes, EXPLAIN:
BEEN EVICTED OR ASKED TO MOVE OUT?	[Yes / No]	Date:	
BEEN SUED FOR NON PAYMENT OF RENT?	[Yes / No]	Date:	
FORECLOSURE OR SHORT SALE?	[Yes / No]	Date:	
BEEN SUED FOR DAMAGE OF A RENTAL?	[Yes / No]	Date:	
BEEN CONVICTED FOR EITHER A FELONY OR A SEX-RELATED CRIME?	[Yes / No]		
IF YES, DATE AND PLEASE EXPLAIN:			

The Seasons Apartments supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

Therefore, The Seasons Apartments is an Equal Opportunity Provider and agrees to abide by the following provisions and is proud to be accessible to all.

- * We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- * We agree to set and implement fair and responsible rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- * We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in 'steering'.
- * We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.

Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit and eviction report and agrees to furnish additional credit references upon request. The undersigned warrants that the above stated information is true and correct and any information contained in the Application which is false, misleading, or inaccurate shall be cause for rejection of the Application. Applicant consents to allow Management to disclose tenancy information to previous or subsequent Owners/Agents. The undersigned hereby offers to rent premises on terms and conditions described herein. THE UNDERSIGNED APPLICANT REPRESENTS THAT HE/SHE AND THE OTHER LISTED OCCUPANTS ARE THE ONLY INTENDED OCCUPANTS OF SUBJECT PREMISES. IF THIS APPLICATION IS NOT APPROVED AND ACCEPTED BY MANAGEMENT, THE DEPOSIT WILL BE REFUNDED; HOWEVER, THE APPLICATION FEE IS NON REFUNDABLE. THE APPLICANT HEREBY WAIVES ANY CLAIM FOR DAMAGES BY REASON OF NON-ACCEPTANCE WHICH MANAGEMENT MAY REJECT WITHOUT STATING A REASON. Upon acceptance and before taking occupancy, Applicant agrees to pay balance due (listed on the Holding Agreement) and to execute the Rental Agreement.

_____ Date

_____ Date

_____ Applicant (signature required)

_____ Received

