

**COMMUNITY NAME:** \_\_\_\_\_

Address Leased: \_\_\_\_\_

Leasing Consultant: \_\_\_\_\_

**APPLICANT (Include Jr. or Sr., if applicable)**

Applicant Name (First, MI, Last): \_\_\_\_\_

Individual  Joint  Guarantor

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # or State ID # \_\_\_\_\_ State of Issue: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you been convicted of a felony, sex-related crime, or misdemeanor assault conviction?  Yes  No Have you ever been evicted?  Yes  No

**PERSON(S) TO OCCUPY THE APARTMENT IN ADDITION TO THE APPLICANT:**

Name	Relationship	Date of Birth	Social Security Number

**RESIDENCE INFORMATION**

Own  Rent  N/A Landlord/mortgage company: \_\_\_\_\_ N/A Reason: \_\_\_\_\_

Current Residence Street: \_\_\_\_\_ City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

Rent/Mortgage Amount: \_\_\_\_\_ Move In Date: \_\_\_\_\_ Anticipated Move Out Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Manager/Contact: \_\_\_\_\_ Manager/Contact Phone: \_\_\_\_\_ Manager/Contact E-mail: \_\_\_\_\_

Previous Residence Street: \_\_\_\_\_ City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

(if less than 1 yr) Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Est. Annual Income: \_\_\_\_\_ Miles to Work: \_\_\_\_\_

Additional Annual Income: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**IN CASE OF EMERGENCY: I hereby give consent to contact the individual(s) below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Type: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**PET INFORMATION**

Pet Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Size in Pounds: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

Pet Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Size in Pounds: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

**ACKNOWLEDGMENT AND AGREEMENT**

I understand that the Application Deposit will be refunded to me if this Application is not approved and all of the information provided was truthful and accurate. If this Application is approved, the Application Deposit shall become part of the Security Deposit and will be forfeited in accordance with applicable law if the move-in does not occur. If this Application is cancelled in writing within 72 hours, the Application Deposit shall be refunded. If this Applicant is cancelled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Fee is non-refundable. Applicant agrees that Forest City Residential Management, Inc. (FCRMI) shall not be liable for any delay in the date said apartment is ready for occupancy. Applicant represents that all the statements herein are true and authorizes FCRMI and/or its agents to verify the information contained herein. Applicant acknowledges that false information herein may constitute grounds for denial of this Application, terminating the right of occupancy and may constitute a criminal offense under the laws of this state. Applicant agrees to notify FCRMI of any material change in the information provided on this Application. FCRMI may obtain investigative consumer reports from employers, landlords, law enforcement agencies, credit reporting agencies or other applicable sources under 15 U.S.C. Sections 1681 et seq.; FCRMI will provide Applicant, if denied, with information about the nature of such reports. Consumer investigative report results are valid for 60 days according to FCRMI policy. Additionally, I authorize FCRMI and/or its agents to obtain additional investigative consumer reports from the sources previously listed if occupancy does not occur within 60 days, when this Application reaches the top of the applicable waiting list, and/or at lease renewal. I further authorize FCRMI, its agents, and/or its attorneys to obtain additional consumer investigative reports to enforce judgments in favor of FCRMI.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time Received: \_\_\_\_\_

**OFFICE USE ONLY:** Application Fee: \$ \_\_\_\_\_ Application Deposit: \$ \_\_\_\_\_ Total Received: \$ \_\_\_\_\_

**FUNDS COLLECTED:** Receipt Number: \_\_\_\_\_ Estimated Total Monthly Rent: \$ \_\_\_\_\_

Approved  Approved with Conditions  Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Condition(s): \_\_\_\_\_

Applicant Cancellation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Management Representative Signature: \_\_\_\_\_