

RENTAL APPLICATION



Community Name:	
Address Leased:	Leasing Consultant:

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

Applicant Name (First, MI, Last):		<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Guarantor
Social Security No:		Date of Birth:		
Driver's License No./State:		Vehicle Make/Model/Year/Tag #:		
Address (Street, City, County, State, ZIP Code):			Reason for Moving: _____ How did you hear about us?	
Home Phone:		Work Phone:		E-Mail Address:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	From:	To:	

Present Landlord/Mortgagee:	
Landlord Phone:	Monthly Amount: \$

EMPLOYMENT/INCOME INFORMATION

Employer:	From:	To:
Address:		Personal Phone:
Position/Title/Type of Business:		Gross Monthly Income: \$
Additional Monthly Income:	Type:	Amount: \$
Name of Bank:	Type:	Account #:

PERSON(S) TO OCCUPY THE HOME IN ADDITION TO THE APPLICANT:

Name	Relationship	Date of Birth

Pet: Yes <input type="checkbox"/> No <input type="checkbox"/> Type/Breed: _____	<i>Pet rules vary by community</i>	Size/Weight: _____
Type/Breed: _____		Size/Weight: _____

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

Local Contact Name:		Relationship:
Address:		Phone Number:

HOME INFORMATION:	Total # of Occupants:	Date Needed:	No. of Bedrooms:	Type of Home/Preferences:
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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 Security Deposit and will be forfeited in accordance with applicable law if the move-in does not occur. If this Application is canceled in writing within 72 hours the Application Deposit shall be refunded. If this Application is canceled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Fee is not refundable. Applicant agrees that 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 Forest City Residential Management, Inc. (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.

Applicant's Signature: _____	Date: _____
Management Representative Signature: _____	Date: _____ Time Received: _____

Approved Approved with Conditions Denied By: _____ Date: _____ Conditions: _____

Applicant Cancellation: _____	Date: _____	Time: _____
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OFFICE USE ONLY: Application Fee: \$ _____ Application Deposit: \$ _____ Total Received: \$ _____

FUNDS COLLECTED: Receipt Number: _____ Estimated Total Monthly Rent: _____

Forest City Residential Management, Inc., Agent for the Owner is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing and does not discriminate on the basis of race, color, sex, religion, national origin, familial status, handicap/disability, or any other classes protected by federal, state or local laws.