



**APPLICATION TO LEASE**

Exp. M/I DATE: _____	# of Bdrms: _____	Term: _____	Rent: _____	Apt. #: _____
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**PERSONAL INFORMATION**

FIRST	MIDDLE	LAST (LEGAL NAME)	DATE OF BIRTH	SOCIAL SECURITY NO.
MARITAL STATUS		DRIVERS LICENSE NO./STATE		
SPOUSE'S NAME		DATE OF BIRTH	SPOUSE'S SOCIAL SEC #	DRIVERS LIC NO./STATE
PRESENT ADDRESS		RENT/MTG AMT	HOME PHONE	CELL PHONE
CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS	OWN or RENT
PREVIOUS ADDRESS, CITY, STATE, ZIP		DATES OCCUPIED	REASON FOR LEAVING	RENT/MTG AMT

**RENTAL HISTORY**

LANDLORD'S NAME & ADDRESS	LANDLORD'S PHONE NUMBER
DATES OF OCCUPANCY	REASON FOR LEAVING
Have you or your spouse ever been evicted or asked to move out? Yes ( ) No ( )	
Declared Bankruptcy? Yes ( ) No ( )	
Been convicted of a felony or misdemeanor? Yes ( ) No ( )	
Been sued for non-payment of rent? Yes ( ) No ( ) Received adjudication for a felony? Yes ( ) No ( )	

**EMPLOYMENT INFORMATION**

PRESENT EMPLOYER (APPLICANT)	SPOUSE'S PRESENT EMPLOYER
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
POSITION	POSITION
SUPERVISOR	SUPERVISOR
PHONE	PHONE
LENGTH OF EMPLOYMENT	LENGTH OF EMPLOYMENT
SALARY	SALARY

**MILITARY INFORMATION (EMPLOYMENT)**

RANK	BRANCH	STATION	SERIAL NO.	COMMANDING OFFICER
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**OTHER OCCUPANTS THAT WILL BE LIVING IN THE APARTMENT (PLEASE LIST ALL)**

NAME	DOB	RELATIONSHIP	NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP	NAME	DOB	RELATIONSHIP

**IN CASE OF EMERGENCY**

NAME	RELATIONSHIP
ADDRESS	CITY
	STATE
	ZIP
	PHONE NUMBER



**OTHER INFORMATION**

PETS YES ( ) or NO ( )	<b>HOW DID YOU HEAR ABOUT US:</b> DRIVE BY ( ) REFERRAL ( ) APT MAGAZINE ( ) <i>if referral, who referred you?</i> NEWSPAPER ( ) _____ YELLOW PAGES ( ) INTERNET ( ) WEBSITE: _____
IF YES, TYPE (cat or dog)	
BREED WEIGHT AND COLOR NAME	

**VEHICLE INFORMATION** (List all vehicles to be parked by you, spouse, roommates, etc.)

MAKE	MODEL	COLOR	LICENSE TAG#
MAKE	MODEL	COLOR	LICENSE TAG#
MAKE	MODEL	COLOR	LICENSE TAG#

**RECREATIONAL VEHICLE INFORMATION**

MAKE	LICENSE TAG #
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I/we hereby make application for the above described apartment unit. With the execution of this application, I/we have paid a non-refundable application fee to the property.

1. By signing this form, I/we recognize that the Lessor or his agent may investigate the information supplied by the applicant, and disclosures of pertinent facts may be made to the Lessor.
2. I/we certify the information disclosed on the application to be true and correct, and that misrepresentation or false information may result in the immediate termination of the Lease.
3. Upon payment of a Good Faith Deposit and/or Leasing Fee, I/we understand that after 72 hours, said Good Faith Deposit and/or Leasing Fee will be forfeited if applicant decides not to lease.
4. In connection with my application with Easlan Management Company or any affiliate, I authorize Easlan Management Company to make any investigation of my rental, employment and criminal history, and authorize any person, firm, corporation, credit agency, or government agency to give Easlan Management Company or affiliates any information they may have regarding me.
5. I hereby release Easlan Management Company or its affiliates, its agents, employees and all providers of information from any liability as a result of furnishing, obtaining and receiving this information.

Signature of Applicant (s)	Date
_____	_____
Signature of Applicant (s)	Date
_____	_____