



Rental Application

FOR OFFICE USE ONLY		MEB Form B2	
COMMUNITY			
APT. NUMBER	MONTHLY RENT		
LEASE LENGTH	CONCESSION		
TRAFFIC SOURCE			

APPLICANT INFORMATION

Name				Date of Birth									
Social Security Number				Driver's License Number				State					
E-mail address:													
Present Address		Street		City		State		Zip Code		Home Phone		Work Phone	
Name of Community/ Mortgage Company				Phone #				Length of Residency		Rent/ Mortgage			
Previous Address		Street		City		State		Zip Code		Length of Residency		Name of Community/ Phone #	
How Did You Hear About Us?								Date Apartment Needed					

SPOUSE

Name				Date of Birth					
Address		City		State		Zip Code		Home Phone ()	
Social Security Number				Driver's License Number				State	

OTHER OCCUPANTS

Names	Relationship	Birthdate

EMPLOYMENT INFORMATION

Applicant				Spouse			
Employer		Position		Employer		Position	
Address		City		Address		City	
Zip		Phone Number		Zip		Phone Number	
Monthly Income		Total Annual Income		Monthly Income		Total Annual Income	
Length of Employment		Supervisor		Length of Employment		Supervisor	
Other Sources of Income				Other Sources of Income			
Previous Employer		Position		Previous Employer		Position	
Length of Employment		Phone Number		Length of Employment		Phone Number	

In case of an emergency contact person?				Phone					
Address		City		State		Zip Code			
Will a pet or assistive animal of any type live in the apartment? YES NO If yes, please describe below:									
Type:		Weight (full grown):		Lb.		Spayed/ r or Neutered?		Licensed/Date	
Have you ever been evicted from an apartment or refused to pay rent for any reason?							Yes	No	
Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? If yes, please explain:									
Do you have any outstanding warrants for arrest? If YES, please explain:									
Have you ever filed for bankruptcy? If yes, date of discharge:									

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. Applicant acknowledges that false information contained herein shall be grounds for rejection of the application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed rental agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant understands that the amount received for an application fee is non-refundable. This application is preliminary only and does not obligate owner or owners representative to execute a lease or deliver possession of the proposed premises. If application is accepted, applicant understands that any information contained herein will be used should an eviction or collection action become necessary.

Applicant Signature		Date		Spouse Signature			
Agent Signature		Date					