

APPLICATION FOR OCCUPANCY - DMG Rentals

Property _____

Move-In Date _____

Rental Amount \$ _____

Apartment # _____

1. PERSONAL (Please print)

Applicant		Daytime Phone		Date of Birth		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>
Social Security #			Driver's License #			
Co-Applicant's Name		Daytime Phone		Date of Birth		
Co-Applicant's SSN			Co-Applicant's Driver's License #			

2. EMPLOYMENT (Last 2 years)

Present Employer				Work Phone #			
Address			City		State	Zip	
Dates employed?	Monthly Income		Position		Supervisor		
Previous Employer				Phone #			
Address			City		State	Zip	
Dates employed?	Monthly Income		Position		Supervisor		
Co-Applicant's Employer				Work Phone #			
Address			City		State	Zip	
Dates employed?	Monthly Income		Position		Supervisor		

3. CREDIT REFERENCES

Creditor Name		Address					
Monthly pmt	Balance	Account #			Phone #		
Creditor Name		Address					
Monthly pmt	Balance	Account #			Phone #		
Creditor Name		Address					
Monthly pmt	Balance	Account #			Phone #		
Checking Account Bank				Branch			
Savings Account Bank				Branch			

4. RESIDENCE HISTORY (2 Years)

Present Address			City	State	Zip	Landlord's Phone #	
Present Landlord		Dates of res.?	Monthly rent	Reason for leaving			
Previous Address			City	State	Zip	Landlord's Phone #	
Previous Landlord		Dates of res.?	Monthly rent	Reason for leaving			

How did you hear about us?

Drive By
 Direct Mail
 Newspaper
 Yellow Pages
 Apartment Guides
 Internet (Which site? _____)
 Referred By _____
 Other

5. TRANSPORTATION			
A. Make of Auto		Year	
License Tag #	Expiration	Color	
County		State	
B. Make of Auto		Year	
License Tag #	Expiration	Color	
County		State	
List all recreation vehicles (boat, motorcycle, etc.)			
6. OTHER OCCUPANTS			
Name			
Sex	Date of Birth	Relationship	
Name			
Sex	Date of Birth	Relationship	
Name			
Sex	Date of Birth	Relationship	
Name			
Sex	Date of Birth	Relationship	
Total # of persons occupying this apartment:			
Referred to DMG Rentals by:			
IN CASE OF EMERGENCY NOTIFY (other than another occupant)			
Address		Phone#	
Relationship to you			
Email:			

Pet Info:

Do you have a pet?	Yes	No
What type of pet do you have?	Cat	Dog
What is the breed type?		
What is your pets weight?		
How old is your pet?		
Meet Requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VERIFICATIONS (For office use only)

CREDIT REPORT

_____ # Positive
 _____ # Negative
 _____ # Public Records
 _____ Criminal Record

Other info:

RENTAL REFERENCE

_____ See Attached Fax
 _____ Spoke to:

Results:

Other Info:

EMPLOYMENT VERIFICATION

_____ Pay Stub Attached
 _____ Spoke to:

Results:

Other Info:

Have you ever been convicted of or plead guilty or "no contest" to a felony whether or not resulting in a conviction?
 YES ____ NO ____

Have you ever been convicted of or plead guilty or "no contest" to a misdemeanor involving sexual misconduct,
 whether or not resulting in a conviction? YES ____ NO ____

Applicant has submitted the sum of \$ 25.00 per adult applicant which is nonrefundable payment for a credit check and processing charge. Such sum is not considered part of rental payment or security deposit. In the event the application is denied by Management or cancelled by applicant, this sum will be retained by management to cover the cost of processing this application. I certify that information given herein is true, complete and correct. I/we authorize management to verify all information on my rental application, including consumer credit reporting agency, public records, current and previous rental property owners and managers, employers and personal references.

I hereby deposit \$300.00/\$400.00 with Management as a good faith deposit in connection with this rental application. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If for any reason Management decides to decline this application, then Management will refund this good faith deposit. I have the right to cancel this application within 72 hours of making application and will receive a full refund of my good faith deposit. If I cancel this application after 72 hours of making application and fail to execute Management's usual rental agreement, I understand that I forfeit the total good faith deposit to Management. I further understand that signing this application does not constitute an obligation on the part of Management to provide an apartment until the lease agreement is signed by both parties. I, the undersigned, hereby acknowledge that I have read, fully understand and agree to the above terms and conditions.

By signing this application, I declare that all of my responses are true and complete and I authorize Management to verify this information. Any false statements made on this application can lead to rejection of my application or immediate termination of my lease.

Applicant's Signature _____	Date _____
Co-Applicant's Signature _____	Date _____
Management Representative _____	Date _____

- | Reasons |
|---|
| <input type="checkbox"/> Unfavorable Credit Report |
| <input type="checkbox"/> Unfavorable Report from Previous Landlord |
| <input type="checkbox"/> Incorrect Information |
| <input type="checkbox"/> Number of Occupants |
| <input type="checkbox"/> Public Eviction Record |
| <input type="checkbox"/> Public Criminal Record |
| <input type="checkbox"/> Information received from third party other than credit reporting agency |
| <input type="checkbox"/> Insufficient information contained on credit report |
| <input type="checkbox"/> Unable to verify/document income |
| <input type="checkbox"/> Other _____ |

Monies Delivered with this Application	
Deposit \$ _____	Ck# _____
Non-refundable	Ck# _____
App Fee \$ _____	Ck# _____
Other \$ _____	Ck# _____
TOTAL RECEIVED _____	