

RENTAL APPLICATION

Community: \_\_\_\_\_

\*This section to be completed by Leasing Office.

Apartment #:		Rent Amount:		Requested Lease Term:	
Move-In Date:		Source:		Washer/Dryer Rental:	Y N N/A
Representative:		Co-Signer App?	Yes No	Date of Deposit:	

Applicant Name(s)	Date of Birth	Social Security #	Driver's License #	State Issued
1.	/ /			
2.	/ /			
3.	/ /			

Occupant(s) – all who will occupy apartment (under 18 yrs old) print below:

Occupant Name(s)	Date of Birth	Social Security #	Relationship to above Applicant(s)
1.	/ /		
2.	/ /		
3.	/ /		

Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Text Msg.	<input type="text"/>	<input type="text"/>
	Applicant's E-Mail Address	Applicant's Phone Number

**RESIDENCY**

Current Address	Apt #	City	State	Zip	County
		From:	To:		
Landlord/Apartment Name	Contact Phone	Residency Dates			

If at current address for less than 6 months, please give previous address(s) below:

Previous Address	Apartment #	City	State	Zip	County
		From:	To:		
Landlord/Apartment Name	Contact Phone	Residency Dates			

**EMPLOYMENT**

Current Employer Name	Address		City	State	Zip
		From:	To:	\$	
Supervisor's Name	Contact Phone	Employment Dates	Position/Job Title	Monthly Salary	

Spouse/Additional Employer Name	Address		City	State	Zip
		From:	To:	\$	
Supervisor's Name	Contact Phone	Employment Dates	Position/Job Title	Monthly Salary	

**EMERGENCY CONTACT**

Emergency Contact Name		Address		City	State
Relationship	Home Phone	Work Phone	Cell Phone		

The above person	Is <input type="checkbox"/>	Is not <input type="checkbox"/>	Authorized to remove and/or store all contents of dwelling /mailbox in the event of serious illness or death of resident.
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**VEHICLE(S):** Please list all vehicles that will be parked on the premises by any or all of the above applicants.

Vehicle #1 Make	Model	Year	Color	License No.	State
Vehicle #2 Make	Model	Year	Color	License No.	State

\*Please note at this time only one (1) reserved parking space is available per home. Any other vehicles including guests will need to park off site.

**PET(S):** Please check with the Property Manager for current pet policy. Weight and breed restrictions apply.

Pet #1 Name:	Cat	Dog	Other	Weight:	Age:
	If "Other," Please Specify:				
Pet #2 Name:	Cat	Dog	Other	Weight:	Age:
	If "Other," Please Specify:				

**QUESTIONS:**

(Please Circle Yes or NO)

Have you or your spouse ever been evicted?	YES	NO
Have you or your spouse ever broken a rental agreement?	YES	NO
Have you or your spouse ever been convicted of a felony? **	YES	NO
Have you or your spouse ever received deferred adjudication for a felony?	YES	NO

**\*\*Lime Apartment Homes via third party partner will process a credit and criminal background check on all applicants. \*\***

How did you hear of this Community?	
Why did you choose this Community?	
Why are you leaving your present residence?	

**RELEASE AUTHORIZATION**

In connection with my rental application with you, I understand that an investigative consumer report may be requested that will include information as to my character, credit, and past tenant history.

I VOLANTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT LANDLORD, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, FEDERAL AGENCY, FINANCE BUREAU/OFFICE, CREDIT BERAU, COLLECTION AGENCY, PRIVATE BUSINESS, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OF INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, CREDIT HISTORY, CHARACTER, AND EMPLOYMENT HISTORY OR ANY OTHER INFORMATION REQUESTED TO LIME APARTMENT HOMES (AGENT).

I VOLANTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMATION FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNASHING OF THIS INFORMATION. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZTHION SHALL BE AS VALID AS THE ORIGINAL.

- 1. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
- 2. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
- 3. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
- 4. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Representative for Lime Apartment Homes)

\_\_\_\_\_  
(Date)

WE KINDLY ASK THAT ALL MOVE-IN MONIES BE PAID IN THE FORM OF A MONEY ORDER OR CASHIER'S CHECK. PERSONAL CHECKS MAY BE USED BEGINNING SECOND MONTH OF RESIDENCY.

Applicant understands that application fee(s) are non-refundable once application has been submitted and processed. Upon Approval, Applicant acknowledges that rent will begin billing on the date noted above even if Applicant has not taken possession of apartment as of said date unless prior written agreement is made with the Property Manager or delay in move-in is the result of office error. The Security Deposit paid in the amount of \$\_\_\_\_\_.00 will be forfeited and retained as Liquidated Damages for taking an apartment off the market should Applicant(s) cancel or choose not to take possession of apartment for any other reason more than 72 hours after date application is submitted unless the result of office error.

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**Applicant – Please do not write below this line.**

**SALARY INFORMATION**

Name of Employer \_\_\_\_\_ Employer phone number \_\_\_\_\_

Date employee started \_\_\_\_\_ Is he/she currently employed by you? \_\_\_\_\_

Gross monthly income \_\_\_\_\_ Bonus/tips \_\_\_\_\_

**RENTAL INFORMATION**

Name of Landlord \_\_\_\_\_ Landlord phone number \_\_\_\_\_

1. Is applicant currently living in your community? \_\_\_Yes \_\_\_No
2. Date applicant moved in \_\_\_\_\_ Date moved out \_\_\_\_\_
3. Current monthly rent: \$ \_\_\_\_\_ A. How many times did applicant pay late? \_\_\_\_\_  
B. How many days late? \_\_\_\_\_ B. How many days late? \_\_\_\_\_ C. How many NSF'S ? \_\_\_\_\_
4. Does applicant owe you money? \_\_\_Yes \_\_\_No If yes, how much? \_\_\_\_\_  
For what? \_\_\_\_\_
5. Does applicant have any non-compliances? \_\_\_Yes \_\_\_No If yes, how many? \_\_\_\_\_  
For what? \_\_\_\_\_
6. Did applicant leave apartment in good condition? \_\_\_Yes \_\_\_No If no, explain \_\_\_\_\_  
\_\_\_\_\_
7. Did applicant give notice? \_\_\_Yes \_\_\_No Is applicant being evicted? \_\_\_Yes \_\_\_No