



Apartment Rental Application

Date: _____

Application is hereby made to rent Apartment No. _____ at _____
The premises shall be used only as a residence and be occupied by no more than _____ persons. Application must be made by each adult occupant and shall be considered part of the lease. Application will not be reviewed without monetary consideration. Rental shall be \$ _____ per month, payable in advance on the first of each month, plus utilities. Desired move-in date _____

How did you hear about us? _____

Applicant Information

Name: _____		
Date of Birth: _____	SSN: _____	Home Phone #: _____
Cell Phone #: _____	E-mail Address: _____	
Current Address: _____		
City: _____	State: _____	Zip Code: _____
Own Rent (Please circle) _____	Monthly Rent Payment: _____	How Long? _____
Children? Yes No (Please circle) _____	If yes, please state age(s) & name(s) _____	
Filed for bankruptcy? Yes No (Please circle) _____	If yes, please explain: _____	
Evicted from tenancy? Yes No (Please circle) _____	If yes, please explain: _____	
Refused to pay rent? Yes No (Please circle) _____	If yes, please explain: _____	

Applicant Employment Information

Current Employer: _____		
Employer Address: _____	How Long? _____	
Phone: _____	E-mail Address: _____	FAX: _____
City: _____	State: _____	Zip Code: _____
Position: _____	Hourly Salary (Please circle) _____	Annual Income: _____

Applicant Vehicle Information

Do you own a vehicle? Yes No (Please circle) _____	How Many? _____	Desired # of parking spaces: _____
Make/Model/Year: _____	License Plate: _____	

Applicant Emergency Contact

Name of a person not residing with you: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Relationship: _____	Phone: _____	E-mail Address: _____

Co-Applicant Information

Name: _____		
Date of Birth: _____	SSN: _____	Home Phone #: _____
Cell Phone #: _____	E-mail Address: _____	
Current Address: _____		
City: _____	State: _____	Zip Code: _____
Own Rent (Please circle) _____	Monthly Rent Payment: _____	How Long? _____

Co-Applicant Employment Information

Current Employer: _____		
Employer Address: _____	How Long? _____	
Phone: _____	E-mail Address: _____	FAX: _____
City: _____	State: _____	Zip Code: _____
Position: _____	Hourly Salary (Please circle) _____	Annual Income: _____

Co-Applicant Emergency Contact

Name of a person not residing with you: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Relationship: _____	Phone: _____	E-mail Address: _____

A deposit of \$ _____ is paid herewith in the form of _____. I/We hereby agree in the event of approval of this application to execute a lease with Landmark Realty, Inc. Deposit will be credited to an account of prospective tenant and shall be held by Landmark Realty Inc. Pending approval of application and upon lease signing, funds will be credited toward Refundable Security Deposit, per terms of the executed lease. SHOULD APPLICANT CANCEL THIS APPLICATION WITHIN 5 DAYS FROM DATE HEREOF, ONLY 50% OF DEPOSIT SHALL BE REFUNDED AS PAYMENT IN FULL. IF APPLICANT CANCELS THIS APPLICATION AFTER 5 DAYS, OR FAILS TO EXECUTE A LEASE and/or pay all sums due upon notice, then the FULL DEPOSIT (100%) SHALL BE FORFEITED as liquidated damages. If Application is not approved by Landmark Realty, deposit shall be refunded in full and applicant waives any claim for damages. Approved Applicants shall execute a Lease as presented by Landmark and will pay the first 30 days rent at lease signing with form of guaranteed funds; cash, money order, cashier's check plus any additional Security Deposit as noted by Landmark upon Application Approval. Application is subject to moveout by existing tenant. By signing this agreement, Applicants authorize Landmark Realty to verify credit history and the validity of information provided above.

_____ **Please initial to indicate you have read and agree to these terms.**

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____