

COMMUNITY _____ APT # _____ # OF BEDROOMS/OCCUPANTS _____ / _____ APT/THS/EF _____ 1ST/2ND/3RD
 MOVE-IN DATE _____ LEASE TERM _____ PHOTO ID COPY _____ VERIFIED SS# _____ APPLIC SIGNED _____
 LEASE START _____ HOW DID YOU HEAR ABOUT US? _____ GUEST CARD ATTACHED? _____

CURRENT RENT \$ _____ DISCOUNT RENT (IF APPLIC)\$ _____
 APPLICATION FEE REC'D \$ _____ BY _____ SECURITY DEPOSIT REC'D _____ BY _____
 PRORATED DATES/RENT AMT _____ /\$ _____ PROMO \$ _____ MONTH OF _____
 PET FEE \$ _____ REC'D BY _____ PET DEPOSIT \$ _____ REC'D BY _____

TOTAL DUE \$ _____

 TOTAL REC'D \$ _____

APPLICATION FOR RESIDENCY

Non Refundable Application Fee \$ _____ Per Applicant



NAMES TO APPEAR ON LEASE

APPLICANT/RESIDENT #1 LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH DATE

APPLICANT/RESIDENT #2 LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH DATE

Are you a full time student/s? _____

OTHER OCCUPANTS, NOT LISTED ABOVE, TO LIVE IN HOME (INCLUDING ALL CHILDREN PERMANENTLY OR TEMPORARILY LIVING IN HOME) MUST BE LISTED.

LAST NAME FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH DATE

LAST NAME FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH DATE

LAST NAME FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH DATE

LAST NAME FIRST MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH DATE

Do you have a pet? Yes/No _____ How Many? _____ Type of Pet (s)? _____
 Description of Pet(s): _____ Weight? _____

A COPY OF YOUR PETS IMMUNIZATION RECORD AND A PICTURE MUST BE PROVIDED AT THE TIME OF MOVE-IN.

LANDLORD VERIFICATION

(If you have not lived here for 5 years please provide previous address and information)

RESIDENT #1
 PRESENT ADDRESS

RESIDENT# 2
 PRESENT ADDRESS

STREET CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

FROM _____ TO _____ \$ _____
 LENGTH OF RESIDENCY MONTHLY RENT

FROM _____ TO _____ \$ _____
 LENGTH OF RESIDENCY MONTHLY RENT

Has there ever been Legal Action taken against you by your current or a previous Landlord? ___ Yes ___ No

RESIDENT #1 LANDLORD PHONE _____
 PREVIOUS ADDRESS

RESIDENT# 2 LANDLORD PHONE _____
 PREVIOUS ADDRESS

STREET CITY STATE ZIP CODE

STREET CITY STATE ZIP CODE

FROM _____ TO _____ \$ _____
 LENGTH OF RESIDENCY MONTHLY RENT

FROM _____ TO _____ \$ _____
 LENGTH OF RESIDENCY MONTHLY RENT

EMPLOYMENT VERIFICATION

RESIDENT# 1 LANDLORD PHONE _____

RESIDENT# 2 LANDLORD PHONE _____

EMPLOYERS NAME _____ SUPERVISORS NAME _____

EMPLOYERS NAME _____ SUPERVISORS NAME _____

POSITION _____ WORK PHONE NUMBER _____

POSITION _____ WORK PHONE NUMBER _____

STREET _____ CITY _____ STATE _____ ZIP _____

STREET _____ CITY _____ STATE _____ ZIP _____

FROM _____ TO _____ \$ _____

FROM _____ TO _____ \$ _____

LENGTH OF EMPLOYMENT _____ MONTHLY INCOME _____

LENGTH OF EMPLOYMENT _____ MONTHLY INCOME _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

ADDRESS _____

ADDRESS _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

ADDRESS _____

ADDRESS _____

CREDITOR CONSENT

I hereby consent to allow Cascades Pointe Condominiums, through its designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Cascades Pointe Condominiums, and its agent shall have a continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

RESERVATION AGREEMENT

The amount of \$_____ is deposited on the understanding that it will be returned to the APPLICANT if this application is not approved by the LANDLORD. If this application is approved by the LANDLORD, the APPLICANT agrees that \$_____ shall become the security deposit and the APPLICANT will enter into the lease agreement. Should this application be cancelled by the APPLICANT for any reason, after having been approved, the amount of \$_____ will be held to cover losses associated with removing the apartment home from the sales market.(Unless the State law indicates otherwise.)

**THIS APPLICATION MUST BE NOTARIZED IF NOT SIGNED IN FRONT OF A REPRESENTATIVE OF Cascades Pointe Condominiums.*

SIGNATURE OF APPLICANT DATE TELEPHONE NUMBER

SIGNATURE OF APPLICANT DATE TELEPHONE NUMBER

PROPERTY MANAGER APPROVAL DATE RPM APPROVAL (IF APPLICABLE) DATE

