

Apartment Address: _____ Rent: _____ Security Deposit: Equal to One Month's Rent

Full Name: _____ Social Security #: _____

Date of Birth _____ Current Home Cell Number _____

E-Mail Address _____

Current Address _____ (City/State/Zip)

How Long Have You Lived There? _____ Rent Amount _____

Current Landlord Name/Address _____ (City/State/Zip)

Current Landlord Phone # _____

Previous Address _____ (City/State/Zip)

How Long Did You Live There? _____ What Years Did You Live There? _____ Rent Amount _____

Previous Landlord Name/Address _____ (City/State/Zip)

Previous Landlord Phone _____

Do you wish to receive a written explanation of denial of tenancy? Yes _____ No _____

In Case of Emergency, Contact: (Name) _____

Phone #'s (Home) _____ (Work) _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

RECEIPT IN THE SUM OF \$ _____ IS HEREBY ACKNOWLEDGED. THESE MONIES ARE TO BE RETURNED TO THE APPLICANT IF THE APPLICATION IS REJECTED. IF ACCEPTED, MONIES SHALL BE APPLIED TO THE SECURITY DEPOSIT. AT THE TIME THE LEASE IS SIGNED, APPLICANT AGREES TO PAY THE BALANCE OF THE SECURITY DEPOSIT. THE LEASE AGREEMENT MUST BE SIGNED IMMEDIATELY UPON TURNING IN THE APPLICATION TO HOLD THE APARTMENT. IF APPLICANT REFUSES TO SIGN THE LEASE AFTER TURNING IN THE APPLICATION, THE ENTIRE SUM OF THE MONIES RECEIVED WILL BE FORFEITED. OCCUPANCY LIMIT IS TWO PERSONS PER BEDROOM.

COSIGNERS ARE REQUIRED FOR EACH PERSON ON THE LEASE. THESE DOCUMENTS MUST BE SIGNED BY A QUALIFIED COSIGNOR AND NOTARIZED. THEY MUST BE RETURNED TO US WITHIN TWO WEEKS OF THE DATE YOU SIGN THE LEASE.

APPLICANTS WHO WOULD LIKE TO BE APPROVED WITHOUT A COSIGNER MUST MEET THE FOLLOWING CONDITIONS:

- FOR EACH APARTMENT, THE COMBINED YEARS OF SATISFACTORY RENTAL HISTORY MUST BE EQUAL TO TWO TIMES OR GREATER THAN THE NUMBER OF APPLICANTS IN THE GROUP.
- EACH APPLICANT MUST HAVE SATISFACTORY CREDIT.
- EACH APPLICANT MUST HAVE A VERIFIABLE SOURCE OF INCOME.

IN NO WAY WILL APPLICANT BE RELIEVED OF DUTY OF LEASE IF CO-SIGNER GUARANTEE FORM IS NOT RETURNED.

I/WE HAVE BEEN ADVISED THAT THE LANDLORD HAS ACTUAL KNOWLEDGE OF THE FOLLOWING UNCORRECTED BUILDING CODE OR HOUSING CODE VIOLATIONS THAT PRESENT A SIGNIFICANT THREAT TO THE PROSPECTIVE TENANT'S HEALTH OR SAFETY: IF LINES ARE LEFT BLANK, THERE ARE NONE.

THE UNDERSIGNED AGREE(S) THAT THE LANDLORD SHALL HAVE UP TO TWENTY-ONE (21) CALENDAR DAYS FROM ACCEPTANCE OF MONIES TO APPROVE OR DENY THE RENTAL APPLICATION. TENANT HAS SEVEN (7) DAYS FROM THE BEGINNING OF THE TERM OF THE LEASE TO REQUEST, IN WRITING, THAT LANDLORD PROVIDE TENANT WITH

- A LIST OF PHYSICAL DAMAGES OR DEFECTS, IF ANY, CHARGED TO THE PREVIOUS TENANT'S SECURITY DEPOSIT.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR A LEASE. ALL APPLICATIONS ARE SUBJECT TO APPROVAL OF OWNER OR MANAGING AGENT.

TO THE BEST OF MY/OUR KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I HEREBY AUTHORIZE ALL PERSONS OR ENTITIES LISTED HEREIN TO RELEASE ANY INFORMATION IN THEIR POSSESSION KNOWN TO THEM CONCERNING ME. A COPY OF THIS APPLICATION SHALL SERVE AS THE AUTHORITY FOR THE RELEASE OF ANY SAID INFORMATION. I FURTHER AUTHORIZE JSM PROPERTIES, LLC AND ITS EMPLOYEES AND AGENTS TO MAKE SUCH INQUIRES AS IS DEEMED NECESSARY FOR ACTION AND DETERMINATION UPON THIS APPLICATION. APPLICANT IS ENTITLED TO REVIEW THE LEASE, RULES AND REGULATIONS, AND ANY OTHER FORMS AS MAY BE REQUIRED FOR OCCUPANCY, AND IN SIGNING THIS FORM ATTEST THAT THEY HAVE IN FACT DONE SO TO THEIR SATISFACTION.

MANAGEMENT RESERVES THE RIGHT TO REQUIRE W2 FORMS, CHECK STUBS OR OTHER DOCUMENTATION OF INCOME AT TIME OF APPLICATION OR LEASE RENEWAL. THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, REQUIRES THAT WE NOTIFY YOU THAT AS PART OF OUR NORMAL PROCEDURE A ROUTINE INQUIRE WILL BE MADE. THIS INQUIRY WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

Applicant's Signature _____ Date _____ Rental Agent _____

OFFICE USE ONLY

Date/Time Application Received _____

Date Cancelled: _____

Comments: _____