

Prospective Rent: _____ Apartment #: _____ Date Occupancy Requested: _____ Lease Term: _____

**PERSONS TO OCCUPY APARTMENT
NO OTHER PERSONS WILL BE PERMITTED TO LIVE ON PREMISES**

Applicant:	Spouse/Other:
Social Security #:	Social Security #:
Marital Status:	Marital Status:
Date of Birth:	Date of Birth:
Other Occupant:	Other Occupant:
Relationship:	Relationship:
Date of Birth:	Date of Birth:

LIST AT LEAST TWO YEARS PAST EMPLOYMENT

Applicant		Spouse/Other	
Employer:	Position:	Employer:	Position:
Address:		Address:	
Phone:		Phone:	
Supervisor:		Supervisor:	
Approximate Income:	wk mo yr	Approximate Income:	wk mo yr
How Long:		How Long:	
Former Employer:		Former Employer:	
Address:		Address:	
Phone:		Phone:	
Other Income:		Other Income:	
Source:		Source:	
Amount:		Amount:	

LIST AT LEAST TWO YEARS PAST RESIDENCY

Present Address:	Previous Address:
Length of Time:	Length of Time:
Rent Own Lease	Rent Own Lease
Owner or Mortgage Holder:	Owner or Mortgage Holder:
Phone:	Phone:
Rental or Mortgage Payment:	Rental or Mortgage Payment:

CREDIT HISTORY

Make of Car (1):	Color:
Year:	License Plate Number:
Fully Paid: Yes No	Monthly Payment:
Making payments to:	Phone:
Make of Car (2):	Color:
Year:	License Plate Number:
Fully Paid: Yes No	Monthly Payment:
Making payments to:	Phone:

BANKING REFERENCES

Name of Bank:	Name of Bank:
Branch:	Branch:
Account Type: Checking Savings	Account Type: Checking Savings

PERSONAL REFERENCES (OTHER THAN RELATIVES OR EMPLOYERS)

Reference 1:	Phone:
Reference 2:	Phone:
Reference 3:	Phone:

EMERGENCY CONTACT INFORMATION (NEAREST RELATIVE – NOT LIVING WITH YOU)

Name:	Relationship:
Phone:	Address:

FALSE INFORMATION GIVEN ON AN APPLICATION IS IN ITSELF GROUNDS FOR REFUSAL OF APPLICATION OR TERMINATION OF TENANCY

I/We understand this application guarantees no right to an apartment until such time as this application is accepted. I/We will deposit _____ Dollars as a deposit to hold the apartment until the prearranged date. If for any reason Management decides to decline my application, Management will refund this deposit in full within 30 days from date of notification. If this application is approved and I/We fail to occupy the premises on the agreed date, I/We will forfeit this deposit for the amount of rental lost or any expenses incurred due to my/our cancellation.

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We hereby authorize all persons or entities listed herein above to release any information in possession known to them concerning me/us. A copy of this Authorization for Release of Information shall serve as the authority for the release of any said information. I/We further authorize North Point Apartments and/or Tenant Check LLC, its employees and agents to make such inquiries as may be deemed necessary.

_____ Applicant	_____ Date	_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Applicant	_____ Date	_____ Home Phone	_____ Work Phone	_____ Cell Phone