

Timberview Apartments Rental Application

(A separate application must be filled out for each adult in the apartment, except in the case of husband and wife)

GENERAL INFORMATION

Name(s) to appear on lease:

Last First M. Init SS# DOB

Last First M. Init SS# DOB

All other occupants to live in apartment (including children)

Last First M Init DOB

Last First M Init DOB

Expected Move-In Date _____

RESIDENCE HISTORY

Present Address City, State, Zip Monthly Payment Phone # How long

Name of apt/landlord/mortgage co. area code-phone Reason for leaving

If less than 1 year at current address:

Previous address City, State, Zip Monthly Payment Phone# How long

Name of apt/landlord/mortgage co. area code-phone Reason for leaving

Have you ever been evicted? _____ If yes, explain _____

Failed to pay rent timely? _____ If yes, explain _____

VERIFICATION OF RESIDENCE (For office use only):

Spoke with _____ Date _____

PERSONAL INFORMATION

Driver's License # _____ State _____ Exp Date _____

Spouse's License # _____ State _____ Exp Date _____

Vehicle(s) _____
Make/Model Plate # Make/Model Plate #

Do you own a motorcycle, van, boat, trailer or camper? If so, please specify: _____

PETS (if applicable): Breed _____ Color _____ Weight _____ Breed _____ Color _____ Weight _____

1) In case of emergency notify: _____ Relationship _____

Address: _____ Home Phone _____ Work Phone _____

2) In case of serious illness or death of resident, is the above authorized to enter apt. & remove contents? Yes No

3) In case of serious illness or injury, contact the following physician: _____ phone _____

4) In case of serious illness or injury of applicant or applicant's guests/occupants, does applicant authorize owner to contact Emergency Medical Service (or the equivalent) at applicant's expense?* Yes No

* Owner shall not be legally obligated to contact physician or EMS (or its equivalent) in case of serious illness or injury.

EMPLOYMENT INFORMATION

Your employment status: full time part time Student Retired Unemployed

Present Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position _____ Monthly Wages _____ How long employed _____

Previous Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position _____ Monthly Wages _____ How long employed _____

Spouse's employment status: full time part time Student Retired Unemployed

Present Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position _____ Monthly Wages _____ How long employed _____

Previous Employer: _____ Phone # _____

Address of Employer _____ Supervisor _____

Position _____ Monthly Wages _____ How long employed _____

Additional sources of income: _____

VERIFICATION OF EMPLOYMENT (For office use only):

Spoke with _____ Date _____

FINANCIAL INFORMATION

Checking Account: _____

Bank Branch City.State Account # Telephone

Savings Account: _____

Bank Branch City.State Account # Telephone

Have you ever declared bankruptcy? _____ If yes, explain _____

I certify that the facts set forth in this RENTAL APPLICATION (a copy of which has been supplied to me) are true and complete to the best of my knowledge and belief. I understand that a knowing false statement on this application is grounds for denial, termination of lease, and/or eviction. I consent that the information above may be verified, and I further authorize the owner to make any investigation of my residence history, employment history, and credit/financial references. All such information heron will be kept confidential.

I agree that the required Application Fee of \$25.00 received by management on _____ Will not be refunded for any reason. I understand that Timberview, LLC is an agent of the Landlord. I authorize the agent to conduct an employment/credit check concerning this application and to verify references. I understand that this is an application only, and I acquire no rights in an apartment until said application is approved, I pay the required deposit, and I sign a Lease Agreement. At that time, this application would become part of the lease.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

It is our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, or familial status, and in compliance with all federal, state, and local laws.