

Resident Application

Date: _____ Property Name: The Terraces at Northridge Application ___ of ___ Total Occupants: _____

Suite / Bldg. #: _____ Address: _____ Type: _____ M/I Date: _____ Lease Term: _____
 Wait List _____

Specials Offered: _____
Optimum Rent: _____ Suite Rent: _____
Total Security Deposit: _____ Pet Fee: _____

Suite Rent	\$ _____
Garage Rent	_____
Washer/Dryer	_____
Pet Fee	_____
Pro-rate Fees	_____
Security Deposit	_____
Administration Fee	_____
Total	\$ _____
Less Promotion	_____
Less Deposit	_____
Balance Due	\$ _____

Occupant Name _____ DOB _____	Occupant Name _____ DOB _____
Occupant Name _____ DOB _____	Occupant Name _____ DOB _____

*DOB only required if over 18

APPLICANT INFORMATION

___ Leaseholder ___ Occupant

LAST NAME	FIRST NAME	MI	DOB	SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP	LENGTH	PHONE
OWNER / LANDLORD	MORTGAGE / RENT \$	PHONE		REASON FOR VACATING	

PREVIOUS ADDRESS	CITY	STATE	ZIP	LENGTH	PHONE
OWNER / LANDLORD	MORTGAGE / RENT \$	PHONE		REASON FOR VACATING	

PRESENT EMPLOYER	POSITION	SALARY PER _____	LENGTH
ADDRESS	PHONE	SUPERVISOR	

PREVIOUS EMPLOYER	POSITION	SALARY PER _____	LENGTH
ADDRESS	PHONE	SUPERVISOR	

CREDIT REFERENCES: _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ BANK LOANS _____ OTHER

DRIVER'S LICENSE #	STATE	VEHICLE MAKE / MODEL	YEAR	VEHICLE LICENSE #
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CHECKING ACCT. NO. _____ BRANCH _____ SAVINGS ACCT. NO. _____ BRANCH _____

EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE	
ADDRESS	CITY	STATE	ZIP

Additional sources of income? If yes, explain: _____

Have you ever been sued, evicted, wages garnished, or filed for bankruptcy? If yes, explain: _____

Are you or any occupant required to register as a sex offender? ___ Yes ___ No

Have you or any occupant ever been convicted of sexually-oriented or child victim-oriented offense? ___ Yes ___ No

Have you or any occupant ever been convicted of a felonious drug offense? ___ Yes ___ No

I CERTIFY THAT THE ITEMS IN THIS RENTAL APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY PROVIDE AUTHORIZATION TO OBTAIN AND VERIFY MY EMPLOYMENT, CRIMINAL AND CREDIT HISTORY AND TO OBTAIN CREDIT REPORTS IN CONNECTION WITH THIS APPLICATION. I FURTHER AUTHORIZE LANDLORD, ITS AGENTS AND/OR ATTORNEYS TO OBTAIN CREDIT REPORTS AT ANY TIME DURING AND AFTER MY TENANCY, IN THE EVENT OF A BREACH OF ANY LEASE OR TERM OF TENANCY.

Applicant acknowledges that this application is a contractual agreement to rent the above-stated suite from Landlord. Applicant agrees as follows: If approved by Landlord, the applicant will be required to sign a lease and take occupancy of the suite for the period of time indicated on this application. Applicant's deposit will be applied as shown above and shall not bear interest. If applicant does not sign a lease and take occupancy of the suite, the full deposit will be retained by the Landlord as liquidated damages suffered by reason of applicant's refusal to abide by this Agreement. Applicant may cancel this Agreement by the end of the first business day following the date of application. If Landlord rejects this application, or if applicant cancels this agreement within the specified time, that portion of the deposit applied towards the rent security deposit will be returned to applicant within thirty (30) days of the application date; however, that portion applied as an administrative fee, in the sum of Thirty and 00/100 dollars (\$30.00), shall be non-refundable and shall be used by Landlord to cover (a) verification of residency, (b) verification of employment, (c) credit checks, and (d) other administrative expenses.

ALL APPLICANTS ARE SUBJECT TO THE OWNER'S APPROVAL. IT IS THE POLICY OF THE LANDLORD TO ACCEPT, PROCESS, AND SELECT APPLICATIONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, HANDICAP, FAMILIAL STATUS, CLASSES OF ANCESTRY, MILITARY STATUS OR NATURAL ORIGIN.

Applicant agrees to transfer both electric and gas services into their name no later than the initial date of occupancy.

Signature of Applicant: _____ Date: _____

Landlord Signature: _____ Date: _____