



Collaro Apartments

Applying for Property/Apt. # _____

Last Name			First			Initial			Last Name			First			Initial						
Current Street Address									Current Street Address												
City			State		Zip			City			State		Zip								
Home Telephone ()			Birthdate						Home Telephone ()			Birthdate									
Social Security Number			Drivers License/ID						Social Security Number			Drivers License/ID									
Do you have any pets? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what type and weight									Do you have any pets? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what type and weight												
Name of Current Landlord									Name of Current Landlord												
Address									Address												
City		State		Zip		How Long		Monthly Rent			City		State		Zip		How Long		Monthly Rent		
Telephone Number – Day ()			Telephone Number – Night ()						Telephone Number – Day ()			Telephone Number – Night ()									
LIST ALL PREVIOUS ADDRESS AND LANDLORDS FOR THE PAST 5 YEARS ON BACK OF APPLICATION									LIST ALL PREVIOUS ADDRESS AND LANDLORDS FOR THE PAST 5 YEARS ON BACK OF APPLICATION												
Current Employer		Name							Current Employer		Name										
Address									Address												
City			State		Zip			City			State		Zip								
Work Telephone ()			Supervisors Name						Work Telephone ()			Supervisors Name									
Position/Title			How Long		Gross Monthly Salary \$			Position/Title			How Long		Gross Monthly Salary \$								
Previous Employer		Name							Previous Employer		Name										
Address									Address												
City			State		Zip			City			State		Zip								
Work Telephone ()			Supervisors Name						Work Telephone ()			Supervisors Name									
Position/Title			How Long		Gross Monthly Salary \$			Position/Title			How Long		Gross Monthly Salary \$								
Additional Income		Income Source(s)		Gross Amount		Per			Additional Income		Income Source(s)		Gross Amount		Per						
Bank Accounts		Bank Name – Savings		Account Number						Bank Accounts		Bank Name – Savings		Account Number							
		Bank Name – Checking		Account Number								Bank Name – Checking		Account Number							
Closest Relative Not Living With You									Closest Relative Not Living With You												
Address									Address												
City			State		Zip			City			State		Zip								
Telephone ()			Relationship						Telephone ()			Relationship									
Apartment to be occupied by _____ (# of persons). List additional occupants. Do not list yourself or co-applicant.									How did you hear about this building?												
1. Name			Birthdate			Relationship			2. Name			Birthdate			Relationship						
3. Name			Birthdate			Relationship			4. Name			Birthdate			Relationship						
Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages. Applicant(s) authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act. 15 U.S.C. Section 1681 A(D) . Seeking information on my/our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics on mode of living. Applicant(s) hereby represents that the above statements are true and complete and authorizes inquiries of any statement made herein.																					
Applicant Signature						Date			Co-Applicant Signature						Date						
				We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act.																	

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Vehicles

Make	Model	Color	Year	License No.

General Information – Check answer that applies

- Do you smoke? Yes No
- Do you have pets? Yes No
- Have you ever filed for bankruptcy? Yes No
- Do you have any musical instruments? Yes No
- Do you have any water-filled furniture or do you intend to use water filled furniture in the rental? Yes No
- Have you ever been convicted for selling, possessing, distributing or manufacturing illegal drugs or convicted of any other crime? Yes No
- Have you ever been evicted for non-payment of rent or any other reason? Yes No

Please explain any “yes” answers to the above questions: _____

Why are you leaving your current residence? _____

The applicant hereby applies to rent/lease apartment # _____ at _____

_____ for \$ _____ per month, and upon owner’s approval agrees to enter into a Rental Agreement and/or Lease and pay all rent and security deposits required before occupancy.

An application fee of \$0 is hereby submitted for the cost of processing this application, to obtain credit history and other background information.

Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers, and personal references. Applicant hereby authorizes owner/agent to obtain Unlawful Detainer, , Credit Reports, Telechecks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant Signature: _____ Date: _____

Email Address: _____