

HOLLADAY PROPERTY SERVICES RENTAL APPLICATION

Building# _____

Credit Check Approved _____ Denied _____

FOR OFFICE USE:

<p>Lessee(s) _____</p> <p>Address _____</p> <p>Move-in Date _____</p> <p>Credit Check Fee _____</p> <p>Security Deposit _____</p> <p>Pet Deposit _____</p> <p>Lease Term _____</p>	<p>Apartment Rent _____</p> <p>Pet Fee _____</p> <p>Garage Rent _____</p> <p>Pro-rated Rent _____</p> <p>Last Month Rent _____</p> <p>Short Term Fee _____</p> <p>Total \$ _____</p> <p>Leasing Consultant _____</p> <p>Date Rented _____</p>
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Comments: _____

Full Name:		D.O.B	SS#	
Spouse		D.O.B.	SS#	
Children (Names & Ages)				
Home Phone#		Phone # easiest to contact you:		
Present Address		City	State	ZIP
Own	Rent	Landlord	Phone	
Time at present address	Written lease: yes	No	Expires	Monthly Rent
Employer	Address			
Employer Phone#	Position		Monthly Net Income	
Spouse Employer	Address			
Employer Phone#	Position		Monthly Net Income	
Do have pets?	What Kind		Weight	lbs
Referred By _____				
Move-in Reason: _____				

ALL APPLICANTS READ CAREFULLY BELOW BEFORE SIGNING

IT IS MY UNDERSTANDING THAT THIS APPLICATION IS PRELIMINARY ONLY AND INVOLVES NO OBLIGATION OF THE OWNER OR AGENCY TO APPROVE THIS APPLICATION OR TO DELIVER OCCUPANCY OF THE PROPOSED PREMISES.

APPLICANT HEREIN FORFEITS ALL CLAIMS TO THIS DEPOSIT AS FIXED LIQUIDATION DAMAGES SHOULD APPLICANT CANCEL FOR ANY REASON AFTER 72 HOURS FROM DATE AND TIME OF APPLICATION. IF APPLICATION IS WITHDRAWN IN WRITING WITHIN 72 HOURS FROM DATE OF APPLICATION, \$ _____ WILL BE RETURNED TO THE APPLICANT. **THE CREDIT CHECK FEE IS NOT REFUNDABLE.**

I UNDERSTAND THAT MAPLE LANE APARTMENTS WILL OBTAIN A COPY OF MY CREDIT HISTORY FOR APPLICATION PURPOSES, I CERTIFY THAT I HAVE READ THE ABOVE APPLICATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THIS APPLICATION SHALL BE INCORPORATED IN AND BECOME PART OF THE LEASE OF THE PREMISES SOUGHT, AND IF INCORRECT OR UNTRUE SHALL BE GROUND FOR CANCELLATION OF THE LEASE AT THE OPTION OF THE OWNER OR AGENT.

WE DO CRIMINAL CHECKS ASWELL AS CREDIT CHECKS.

Signature _____ DATE _____

Signature _____ DATE _____

A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ID IS REQUIRED