

<p>FOR OFFICE USE ONLY:</p> <p><input type="checkbox"/> APPLICANT</p> <p><input type="checkbox"/> CO-APPLICANT</p> <p><input type="checkbox"/> GUARANTOR</p>

WELCOME

Please read carefully each paragraph of this agreement. There is no fine print or deceptive language. We want you to have a clear understanding of what is offered to you and what we expect of you.

We will verify answers on the rental application so that we may give other residents reasonable assurance of good neighbors. We hope you see the benefits of this policy once you become one of our residents.

We respect your right for confidentiality in giving us this information and for privacy in living in your apartment. We will do our best to make your residency enjoyable and a pleasant experience. **Thank you for your application.**

RENTAL APPLICATION (all spaces must be filled in)

1. Applicant's Name _____ Married _____ Single _____
 Date of Birth _____ Present Phone No. _____ Email address _____
 Soc. Sec. No. _____ Applicant's State Driver's License No. or I.D. Type _____ State _____ Exp. Date _____

2. Information about others who will occupy the apartment (separate Application required for all adults except spouse.)

	Name	Relationship	Date of Birth
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____

3. Will a pet of any type live in your apartment? Yes No (Management must view pet prior to application approval.)

Name	Age	Breed	Color	Weight	Licensed / Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Residence Information:

Address	Apt #	City / State	Zip Code	Amount of Rent
Current Residence _____				
From / /	to / /	Name of Landlord _____	Landlord Phone _____	
If less than two years at your present address, list previous addresses below:				
Former Residence _____				
From / /	to / /	Name of Landlord _____	Landlord Phone _____	

5. Applicant Employed By _____ Address _____
 From / / to / / Phone _____ Position _____
 Supervisor's Name _____ Gross Monthly Income _____
 Other Source of Income for Rental Payment _____

6. Spouse's Name _____ Soc. Sec. No. _____
 Date of Birth _____ Present Phone No. _____ Email address _____
 Spouse's State Driver's License No. or I.D. Type _____ State _____ Exp. Date _____

7. Spouse Employed By _____ Address _____
 From / / to / / Phone _____ Position _____
 Supervisor's Name _____ Gross Monthly Income _____

8. Have you or your spouse ever been evicted or asked to terminate a lease? Yes No If yes, please explain _____

9. Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? Yes No If yes, please explain _____

10.

Vehicles you would like to park on property					
Year:	Make:	Model:	Color:	Plate #:	State:
Year:	Make:	Model:	Color:	Plate #:	State:

11.

Person(s) you want responsible for your personal property in Case of Emergency (Other Than Co-Lease Holders)	
For Lease Holder	For Additional Lease Holder
Name:	Name:
Address:	Address:
Relationship:	Relationship:
Phone Number:	Phone Number:

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, reference and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in; however, management reserves the right to verify Application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement."

AGENCY DISCLOSURE: All property and Allison-Shelton Real Estate Services, Inc., employees represent the owner with regard to the rental of your apartment and all terms and conditions contained in this rental application and agreement; however, we are committed to dealing fairly with all residents of this community.

(Applicant's Signature)

Date

(Management's Receipt)

Date

APPLICATION FOR PROSPECTIVE RESIDENT

Solana Condominium Homes

Dear Prospective Resident,

We are so excited you have chosen to make **Solana Condominium Homes** your future home! We are sure you will be pleased living here and enjoy the many amenities our community has to offer. To make the application process as smooth as possible, refer to the list below of the few things we will need from you.

- Please complete the entire application; for information that does not apply, list **N/A**, do not leave any lines blank. In order to process your application, be sure to provide us with accurate phone numbers requested.
- Signature(s) on the bottom of the first and second page.
- Please provide one month's worth of your most recent paycheck stubs to verify income.
- An office member must view your driver's license or state issued ID when you turn in your completed application to verify the number.
- You must return the completed application within **24 hours** from the time you leave your holding deposit. Failure to do so will result in the cancellation of your apartment reservation and the holding deposit becomes non-refundable.
- If you cancel the move in on your apartment after 48 hours of leaving your holding deposit, your deposit becomes a non-refundable fee.
- Upon move-in, we will need to make a photocopy of a state issued identification card for each occupant over the age of 18.

I/We agree to have **Solana Condominium Homes** verify My/Our rental history, My/Our employment, My/Our Criminal history, and My/Our Credit history. I/We also agree to the conditions and terms listed above.

(Applicant's Signature)

Date

(Management's Receipt)

Date