

Prescott Lakes Senior Community

RENTAL APPLICATION

Date Requested: _____ Unit Type: _____ Unit _____ Lease Term: _____

Applicant Name: _____ Social Security # _____ Email: _____

Driver's License # _____ State: _____ Home Telephone # () _____ Work # () _____

Occupants: Indicate the number of persons to occupy the apartment: (include yourself)

	Name	Relationship	Social Security #	Driver's License	State:	Birthdate
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Residency:

Current: Address _____
City _____ State _____ Zip _____
How Long: _____ Monthly Payment: _____
Landlord or Mortgage Company: _____ Phone # () _____
Reason for Leaving: _____

Previous: Address _____
City _____ State _____ Zip _____
How Long: _____ Monthly Payment: _____
Landlord or Mortgage Company: _____ Phone # () _____
Reason for Leaving: _____

Have you ever been evicted or asked to terminate a lease? Yes No Have you ever been convicted of a crime? Yes No

If so, please explain: _____

Employment:

Current: Employer: _____
Address: _____ Phone # () _____
Position: _____ How Long: _____
Gross Monthly Salary: _____ Immediate Supervisor: _____

Spouse: Employer: _____
Address: _____ Phone # () _____
Position: _____ How Long: _____
Gross Monthly Salary: _____ Immediate Supervisor: _____

Previous: Employer: _____
Address: _____ Phone # () _____
Position: _____ How Long: _____
Gross Monthly Salary: _____ Immediate Supervisor: _____

Financial: Name of Bank: _____ Address: _____

Vehicle: Number of Automobiles: _____ Motorcycles: _____ Recreational/Other: _____

Make: _____ Model: _____ Year: _____ License Plate: _____ State _____

Make: _____ Model: _____ Year: _____ License Plate: _____ State _____

Pets: If you have any pets please complete the following:

Name of Pet: _____ Type of Pet: _____ Age: _____ Color: _____ Size/Weight: _____

Emergency:

Person(s) to notify in case of emergency: (other than co-resident): Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work: _____

Applicant(s) hereby represent that all of the above statements are true and correct and are made to induce the Owner to lease or rent apartment and Applicant(s) hereby authorizes verification of references given, including bank account balances, employment and credit information. I (we) agree that I (we) have no right to occupy the apartment until the application is approved and a Rental or Lease Agreement is entered into. Any false statements made above shall be sufficient cause for Owner to cancel and terminate any agreement made with Applicant(s). Owner reserves the right to reject Applicant(s) Rental Application any time prior to executions and delivery of the Rental or Lease Agreement. In the event of rejection, any sums deposited less application fees will be refunded to Applicants. If Applicant(s) withdraws application prior to execution of Rental or Lease Agreement, the deposit/fee will be forfeited unless written cancellation is received within _____ hours from the date and time indicated below. If the Owner for any reason cannot deliver possession of the premises to Applicant(s) at the commencement of the term, all deposits/fees less applications fee paid to Owner shall be refunded to Applicant(s).

Applicant Signatures: _____ Property: _____

_____ Office Phone #: _____

_____ Leasing Agent Signature: _____

Date: _____ Time: _____ Application Verification by: _____