



APPLICATION FOR LEASE

APPLICATION FOR BLDG. ADDRESS _____ APT # _____ BASE RENT \$ _____ /MO.
LEASE TERM FROM _____ TO _____ Leasing Agent or Broker: _____
Contingency/Promo: _____

APPLICANT INFORMATION: (Please Provide Copy of Government-Issued Photo I.D.)

APPLICANT'S NAME: (Last) _____ (First) _____
Social Security No. _____ DL/ST I.D.# _____ State of Issue _____ DATE OF BIRTH ____/____/____
Email address _____ DAY TELEPHONE _____ CELL _____
OCCUPANT MIX: No. of Adults _____ No. of Children _____ Names and ages of minors _____
DO YOU HAVE ANY PETS? []NO or []YES If so, how many and what kind of pet? _____

APPLICANT'S CURRENT ADDRESS: (Applicant Must Complete the Landlord Verification Form)

Street _____ APT # _____ City _____ State _____ Zip _____
LENGTH OF CURRENT TENANCY: _____ YEARS and/or _____ MONTHS. MONTHLY RENT: \$ _____
CURRENT LANDLORD NAME: _____ DAY TELEPHONE _____
Sharing Apartment? []NO or []YES Reason for Moving: _____
1. Have eviction proceedings ever been filed against you? ___NO or ___ YES If yes, explain on back of this form.
2. Do you have any reason to believe that any of your personal property has been exposed to or infested with bed bugs? ___NO or ___YES
Please explain clearly.
3. Have you ever been convicted of a crime? ___NO or ___YES If yes, explain _____

APPLICANT'S FORMER ADDRESS:

Street _____ APT # _____ City _____ State _____ Zip _____
LENGTH OF TENANCY: ___ Yrs and/or ___ Mos. MONTHLY RENT:\$ _____ LANDLORD TELEPHONE: _____

APPLICANT'S INCOME INFORMATION: (Applicant Must Complete the Income Verification Form)

Company Name _____ Phone _____
Address _____ Monthly Gross Income \$ _____
City _____ State _____ Zip _____ Position _____ Date of Hire _____
Supervisor's Name _____ Supervisor's Phone _____

OTHER INCOME/ASSETS: (alimony, ssi, loans, child support or any income you want to consider to help determine your income eligibility.)

Monthly Income Amount Type Received from Phone

**HOW DID YOU HEAR ABOUT US? _____

I certify that all of the information in this application is true and correct. I understand that:

- (1) The Application Fee of \$50.00 per applicant is NON-REFUNDABLE for any reason.
(2) The Document Processing Fee of \$250.00 is NON-REFUNDABLE, unless this application is denied by Lessor. I understand and accept that the waiting period for any refunds is ten (10) business days from the date of denial of the application.
(3) I agree to pay the first full month's rent via certified funds or Credit card within 24 hours of notification of approval of my application. I further understand that my approval may be revoked and I will not be refunded the Document Processing Fee if I do not pay the first full month's rent within the period described here in.
(4) If applicant cancels or withdraws this application for lease, the document processing fee and the application fees will not be refunded and will be used, as liquidated damages, to offset the costs incurred by Horizon Realty Group (HRG and/or its agents and third party brokers, if applicable). I understand that this application shall be incorporated in and become part of the Lease for the premises sought and if incorrect or untrue shall be grounds for termination of the Lease. By my signature below, I certify that the information contained herein is true and correct. I authorize HRG and/or its third party brokers to investigate and verify the information contained herein, and obtain an investigative consumer report, credit report, which may include information as to my character and general information. I authorize HRG to verify my income and landlord/mortgage histories.

APPLICANT SIGNATURE X _____ Date _____





Income Verification Form

Notice to Applicant:

Leaving fields blank will cause a delay in the processing of your application. Please fill out all yellow areas completely and if "not applicable" denote as "N/A" (please print clearly)

FACSIMILE TRANSMITTAL SHEET

TO: (INCOME VERIFIER'S NAME) FROM: HORIZON REALTY GROUP-PROCESSING DEPT.

INCOME VERIFIER'S FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:

INCOME VERIFIER'S PHONE NUMBER:

I, (Please Print Full Name) hereby authorize all necessary information, as indicated below, to be released to Horizon Realty Group, Inc. and its agents for their exclusive use.

X Signature of Applicant Date

Applicant's SSN: DOB

Below section is to be filled out by the income verifier only.

Attention: Human Resource Department or

To whom it may concern:

The above named individual (applicant) has applied for tenancy with Horizon Realty Group, Inc. In order to complete the application process, we need to verify his/her income information. Information contained on this form will only be used in accordance with the Fair Credit Reporting Act. Your quick attention to this matter is appreciated.

- 1. Employment/Income start date:
2. Full-time employee? How many hours/wk?
3. Present salary/pay rate? per
4. Additional compensation projected for the next 12 months? (please specify)
5. Probability of continued employment
6. Other comments:

X Authorized Verifier's Signature Date

Authorized verifier's name: (please print) Title

PLEASE RETURN THIS FORM VIA FAX to: HORIZON REALTY GROUP AT 773-529-7201



Landlord Verification Form

Notice to Applicant:

Leaving fields blank will cause a delay in the processing of your application. Please fill out all [arrow] areas completely and if "not applicable" denote as "N/A" (please print clearly)

FACSIMILE TRANSMITTAL SHEET

TO: (LANDLORD/VERIFIER'S NAME) FROM: HORIZON REALTY GROUP-PROCESSING DEPT.

LANDLORD/VERIFIER'S FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:

LANDLORD/VERIFIER'S PHONE NUMBER:

I, (Please Print Full Name) _____, hereby authorize all necessary information, as indicated below, to be released to Horizon Realty Group, Inc. and their agents for their exclusive use.

X _____ Date _____
Signature of Applicant

Attention Landlord, Managing Agent or to whom it may concern:

The above named individual (applicant) has applied for tenancy with Horizon Realty Group, Inc. In order to complete the application process, we need to verify her tenant information. Information contained on this form will only be used in accordance with the Fair Credit Reporting Act. Your quick attention to this matter is appreciated.

Address to be verified: _____ City _____ ST _____ Zip _____

- 1. Lease (d) from: _____ to _____ Fulfilling term? _____
2. Monthly Rent _____ Paid on time? _____
3. If not paid on time, how many times late? _____
4. Other occupants, pets, roommates, cosigners? _____ If so, please specify: _____
5. Has tenant's apartment been treated for bed bugs? _____. Have you experienced any bed bug issues in tenant's apartment or in the building that tenant occupies? _____. If yes, please explain _____
6. Any complaints about the tenant? _____
7. Any other comments: _____

X _____ Date _____
Authorized Verifier's Signature

Authorized verifier's name: (please print) _____ Title _____

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