



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 _____ Mobile/Telephone# _____ Require Parking (if applicable)? _____
OCCUPANT MIX: No. of Adults _____ No. of Children _____ Names and ages of minors _____
DO YOU HAVE ANY PETS? _____ If so, how many and what kind of pet? _____

APPLICANT'S CURRENT ADDRESS: Please Select one: Do you: Rent Own Live with Family/Friends

Street _____ APT # _____ City _____ State _____ Zip _____
Starting Lease/Residency Date: _____ Ending Lease/Residency Date: _____ Monthly Rent/Mortgage: \$ _____
Landlord Name: _____ Day Telephone: _____ E-Mail: _____
Sharing Apartment? _____ Reason for Moving: _____
1. Have eviction proceedings ever been filed against you? _____ If yes, please explain on the back of the page.
2. Do you have any reason to believe that any of your personal property has been exposed to or infested with bed bugs? _____
If yes, please explain on the back of the page
3. Have you ever been convicted of a crime? _____ If yes, please explain on the back of the page.

APPLICANT'S FORMER ADDRESS:

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

APPLICANT'S INCOME INFORMATION: Please Select one: Are you: Employed Student Retired Unemployed

Company Name _____ Phone _____
Address _____ Monthly Gross Income \$ _____
City _____ State _____ Zip _____ Position _____ Date of Hire _____
HR Rep/Supervisor's Name _____ Phone _____ E-Mail _____

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

Table with 4 columns: Monthly Income Amount, Type, Received from, Phone/E-Mail

**HOW DID YOU HEAR ABOUT US? _____

Emergency Contact Information: Name _____ Email: _____
Phone _____ Mailing Address (NO PO Boxes) _____
City _____ St _____ Zip Code _____

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 here in.
(4) If applicant cancels or withdraws this application for lease, the document processing fee and the application fees, and if accepted, any rents paid up until the period of re-rental, 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 _____

