

# Southwind Apartments

## RENTAL APPLICATION

Today's Date \_\_\_\_\_

Move-In Date \_\_\_\_\_

Bldg. Address \_\_\_\_\_ Unit No. \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Security Deposit \_\_\_\_\_ Size \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Soc. Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Occupants: Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

**Total # of** Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

**Occupants** Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Pets Subject to Restrictions, Additional Deposits, and Monthly Fee: Type \_\_\_\_\_ LBS \_\_\_\_\_

**RESIDENTIAL**

Present Address \_\_\_\_\_ Previous Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt# \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Apt# \_\_\_\_\_ # Bedrooms \_\_\_\_\_  
Landlord/Mortgage Co. \_\_\_\_\_ Landlord/Mortgage Co. \_\_\_\_\_  
Landlord/Mortgage Co. Phone \_\_\_\_\_ Landlord/Mortgage Co. phone \_\_\_\_\_  
Month and Year Moved In \_\_\_\_\_ Month and Year Moved In \_\_\_\_\_  
Expected Move Out Date \_\_\_\_\_ Month and Year Moved Out \_\_\_\_\_  
Reason for Moving \_\_\_\_\_ Reason for Moving \_\_\_\_\_

Do You Own A Waterbed? \_\_\_\_\_ Have You Ever Been Evicted? \_\_\_\_\_ Have You Ever Filed Bankruptcy? Year? \_\_\_\_\_

Have You Ever Been Convicted of a Felony? \_\_\_\_\_

**INCOME**

Present Employer \_\_\_\_\_ Previous Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Employer's Address \_\_\_\_\_  
Your Position \_\_\_\_\_ Your Position \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Gross Income \$ \_\_\_\_\_ Wk. \_\_\_\_\_ Bi-Wk. \_\_\_\_\_ Mo. \_\_\_\_\_ Gross Income \$ \_\_\_\_\_ Wk. \_\_\_\_\_ Bi-Wk. \_\_\_\_\_ Mo. \_\_\_\_\_  
Average Hours Worked Per Week \_\_\_\_\_ Average Hours Worked Per Week \_\_\_\_\_  
Start Date \_\_\_\_\_ Gross Weekly Total \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Employer's Phone \_\_\_\_\_ Employer's Phone \_\_\_\_\_  
Other Source of Income \_\_\_\_\_

Automobiles: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License No. and State \_\_\_\_\_

Automobiles: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License No. and State \_\_\_\_\_

**CREDIT**

Banking: Checking Account # \_\_\_\_\_ Bank Name/Branch \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Bank Name/Branch \_\_\_\_\_  
List All Current Installment/Charge Accounts:  
Acct. Name \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Acct. Name \_\_\_\_\_ Mo. Payment \_\_\_\_\_  
Acct. Name \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Acct. Name \_\_\_\_\_ Mo. Payment \_\_\_\_\_  
Acct. Name \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Acct. Name \_\_\_\_\_ Mo. Payment \_\_\_\_\_

In Case of Emergency Notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Date \_\_\_\_\_

I hereby attest that the information provided is accurate and true. Southwind Apartments, LLC is authorized to verify information, references, and credit records as deemed necessary in processing this application. I understand the security deposit shall be forfeited as liquidated damages resulting in any misrepresentation of facts or my refusal to rent this apartment. The security deposit shall be refunded only if applicant is not accepted. Upon approval, I will be signing a one-year's lease agreement.

It is agreed that Southwind Apartments, LLC or its agents shall not be liable if the premises are not ready for occupancy by the above date as a result of holdover by current occupants, or for any use or reason beyond control of Southwind Apartments, LLC.

How were you referred to us? \_\_\_\_\_ Rental Guide \_\_\_\_\_ Main Sign \_\_\_\_\_ Internet Advertising \_\_\_\_\_ Craigslist \_\_\_\_\_ Other

Referral (Who?) \_\_\_\_\_