

# EQUITY MANAGEMENT

## LEASE APPLICATION



**\*Please answer all questions completely and legibly. Failure to do so may cause delays in processing your application.**

Date/Time of Application \_\_\_\_\_ Apartment \_\_\_\_\_  
 Apartment Community \_\_\_\_\_ Monthly Rent \_\_\_\_\_  
 Move-In Date \_\_\_\_\_ Term of Lease \_\_\_\_\_

### Primary Applicant Information

**First** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last** \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Telephone Day ( \_\_\_\_ ) \_\_\_\_\_ Night ( \_\_\_\_ ) \_\_\_\_\_

**Current Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Landlord/Community \_\_\_\_\_  
 Telephone Day ( \_\_\_\_ ) \_\_\_\_\_ Night ( \_\_\_\_ ) \_\_\_\_\_  
 Lease Dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthl Monthly Rent \$ \_\_\_\_\_  
 Reason for Moving? \_\_\_\_\_

**Previous Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Landlord/Community \_\_\_\_\_  
 Telephone Day ( \_\_\_\_ ) \_\_\_\_\_ Night ( \_\_\_\_ ) \_\_\_\_\_  
 Lease Dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthl Monthly Rent \$ \_\_\_\_\_  
 Reason for Moving? \_\_\_\_\_

**Current Employer** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Day ( \_\_\_\_ ) \_\_\_\_\_ Night ( \_\_\_\_ ) \_\_\_\_\_  
 Occupation/Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

**Previous Employer** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Day ( \_\_\_\_ ) \_\_\_\_\_ Night ( \_\_\_\_ ) \_\_\_\_\_  
 Occupation/Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **State** \_\_\_\_\_  
 Type of Auto \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_

### Primary Applicant Bank/Credit References:

Name Bank \_\_\_\_\_ Checking Account # \_\_\_\_\_ Savings # \_\_\_\_\_  
 Name Creditor \_\_\_\_\_ Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_ Mo. Pymt \$ \_\_\_\_\_  
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### Primary Applicant Additional income

Second Employer? \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Day ( \_\_\_\_ ) \_\_\_\_\_ Night ( \_\_\_\_ ) \_\_\_\_\_  
 Occupation/Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Length of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Any other source of income? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Do you have a pet? Yes / No \_\_\_\_\_ If so, what kind? \_\_\_\_\_ Breed/Weight? \_\_\_\_\_

### List all people who will be living in the apartment

Name _____	DOB _____	SSN _____ - - -	Relationship _____	DL# _____
Name _____	DOB _____	SSN _____ - - -	Relationship _____	DL# _____
Name _____	DOB _____	SSN _____ - - -	Relationship _____	DL# _____
Name _____	DOB _____	SSN _____ - - -	Relationship _____	DL# _____

Have you ever been asked to move from an apartment or evicted by a Court, because you failed to pay your rent or otherwise violated your lease? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, explain \_\_\_\_\_