

THE OUTLOOK

MARINERS VIEW

PARK VISTA

PARK WEST

Firm Name _____

Telephone Number _____ Fax Number _____

Business Physical Address _____

City/State/Zip _____

Business Mailing Address (if different) _____

City/State/Zip _____

Type of Business _____

Type of Organization: Corporation _____ Partnership _____ Proprietorship _____

Tax Identification Number: _____ Year Business Established _____

Please attach current financial statement certified true and correct (or alternative acceptable to Landlord) _____

Are you presently a defendant in a lawsuit? _____ If yes, explain _____

Have you ever filed bankruptcy? _____ If yes, when? _____

Bank Accounts: (Name, Branch, Account Number)

1. _____

2. _____

Credit References: (Name, Phone, & Account Number)

1. _____

2. _____

Business References: (Name, Address, Phone)

1. _____

2. _____

Person(s) to Occupy Apartment: (Name, personal address)

1. _____

2. _____

The above information is given in order for you to determine my credit standing for the purpose of renting the above-mentioned property to me. It is understood that the premises will be rented to the applicant named above, and that no other tenants or pets, other than those specified, will occupy the premises. A rental/lease agreement will be executed prior to occupancy. This application is subject to approval by the owner or their agent. I (we) declare that the foregoing information is true and correct and authorize its verification and the obtaining of a consumer credit report. I (we) agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above. I (we) understand I (we) acquire no rights in an apartment until I (we) sign an agreement in the forms submitted to me (us) and make a holding deposit of \$_____ on the apartment I (we) have selected, which deposit is to be held in accordance with the rental agreement. In consideration of the Landlord's holding this apartment for me (us) I (we) hereby waive all rights to the return of this deposit and said deposit shall be retained as liquidated damages in the event I (we) do not choose to enter into the agreement applied herein. In the event said application for tenancy is not accepted, deposit shall be returned to applicant less a \$40 application fee.

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINTED NAME: _____ DATED: _____

FOR OFFICE USE ONLY

Application for Rental and Credit Information Fee \$ _____

Apt. No. _____ Rent/Month \$ _____ Security Deposit \$ _____ LOR _____

Date Wanted _____ Date (Accepted) (Rejected) _____ By _____