

Date _____

KING APARTMENTS
APPLICATION TO LEASE

Apartment Applied For: _____
Lease Period Begins: _____ 20 _____ and expires: _____ 20 _____

The monthly rental is \$ _____ and is payable in equal monthly installments due on the first of each month. A security deposit of \$ _____ is required upon the signing of the lease and will be returned after the apartment has been vacated (subject of reduction for damages). The security deposit is NOT to be used as rent.

Name of Primary Resident: _____ Phone: _____
Date of Birth: _____ Social Security #: _____
Present Address: _____ City: _____ State: _____ Zip: _____ Years _____
Present Landlord: _____ Phone: _____
Previous Address: _____ City: _____ State: _____ Zip: _____ Years _____
Current Employer: _____ Occupation: _____ Length of Service _____
Business Phone: _____ Gross Monthly Income: _____ Net Monthly Income _____
Former Employer: _____ Business Address: _____ Zip: _____ Length of Service _____
Check one: Owned () Rented () Parents () Armed Forces ()
Credit References: 1) _____ 2) _____ 3) _____
Drivers Lic.# and State: _____ Auto Make: _____ Color: _____ Lic.# _____ Year _____
Emergency Contact: _____ Address: _____ State: _____ Phone: _____

Are you a registered sexual offender? Yes () No () I give King Apartments permission to do a background check _____

.....
Name of Secondary Resident or Co-signer: _____ Phone: _____
Date of Birth: _____ Social Security # _____
Present Address: _____ City: _____ State: _____ Zip _____ Years _____
Present Landlord: _____ Phone: _____
Previous Address: _____ City: _____ State: _____ Zip: _____ Years _____
Current Employer: _____ Occupation _____ Length of Service _____
Business Phone: _____ Gross Monthly Income: _____ Net Monthly Income: _____
Former Employer: _____ Business Address: _____ Zip: _____ Length of Service _____
Check one: Owned () Rented () Parents () Armed Forces ()
Credit References: 1) _____ 2) _____ 3) _____
Drivers Lic. # and State: _____ Auto Make: _____ Color: _____ Lic# _____ Year _____
Emergency Contact: _____ Address: _____ State: _____ Phone: _____
Additional Occupants: _____ Relationship: _____ Date of Birth: _____
Additional Occupants: _____ Relationship: _____ Date of Birth: _____

Are you a registered sexual offender? Yes () No () I give permission to King Apartments to do a background check _____

No representation, promises, or agreements as to date of possession have been made, and this application shall not be construed as a lease or agreement therefore. IT IS FURTHER UNDERSTOOD THAT NO PETS WILL BE PERMITTED, and that the premises are to be used as a residency only to be occupied by no more than _____ persons; and that occupancy is subject to possession being delivered by present occupants if apartment is occupied. A deposit in the sum of \$ _____ has been made on account of the first month's rent to be held with the clear understanding that this application is subject to approval, and credit report if accepted, becomes part of the lease and the representations made herein are a material inducement to management accepting applicant. Applicant grants King Apartments permission to verify all references. Any misrepresentations made herein causing this application to be rejected will cause the deposit made by the applicant to be retained by King Apartments. When so approved, applicant agrees to execute a lease and pay any balance due within () days after being notified or \$ _____ will be retained by King Apartments. If this application is not approved, the deposit will be returned. The applicant hereby waiving any claim for damages or reason of non-acceptance of this application.

Signature of Applicant: _____ Agent: _____
Signature of Applicant and or Co-signer _____
Check () Money Order () Credit Card () Receipt # _____ Amount _____
Approved by: _____ Date: _____

After the application is approved, the \$ _____ deposit becomes nonrefundable.