

King Apartments LTD Application To Lease

Date: _____

| | dent: | | Phone: |
|---|---|---|------------------------|
| Date of Birth: | | _ Social Security #: | |
| Present Address: | | | City: |
| State: | Zip: | Years: | |
| Previous Address: | | | _City: |
| State: | Zip: | Years: | |
| Present Landlord: | | Phor | ne#: |
| Current Employer: | | Occupation: | Job Time: _ |
| Business Phone # | : | | |
| Gross Monthly Income | : | Net Monthly Income | e: |
| 51033 Monthly Indonic | | | |
| | | | : |
| Former Employer: Zip: | Job Time: | Business Address: | |
| Former Employer: Zip: Checl Company Credit Refer | Job Time: c One: () Owned ences: 1) | Business Address: d () Rented () | : |
| Former Employer: Zip: Check Company Credit Refer Drivers License # and | Job Time: c One: () Owned ences: 1) State: | Business Address: d () Rented () 2) Vehicle | : Parents ()Armed Fore |
| Former Employer: Zip: Check Company Credit Refer Drivers License # and Color: | Job Time: c One: () Owned ences: 1) State: License #: _ | Business Address: d () Rented () 2) Vehicle Year: | : |
| Zip:Check Company Credit Refer Drivers License # and Color: | Job Time: c One: () Owned ences: 1) State: License #: _ | Business Address: d () Rented () 2) Vehicle Year: Address: | : Parents ()Armed Fore |
| Zip: Zip: Check Company Credit Refer Drivers License # and Color: Emergency Contact: _ State: | Job Time: c One: () Owned ences: 1) State: License #: Phone #: | Business Address: d () Rented () 2) Vehicle Year: Address: | : |
| Zip: Zip: Check Company Credit Refer Drivers License # and Color: Emergency Contact: _ State: Additional Occupants: | Job Time: c One: () Owned ences: 1) State: License #: Phone #: # Add. Occupa | Business Address: d () Rented () 2)VehicleYear:Address: | Parents () Armed Fore |
| Zip: Zip: Check Company Credit Refer Drivers License # and Color: Emergency Contact: _ State: Additional Occupants: Relationship: | Job Time: c One: () Owned ences: 1) State: License #: Phone #: # Add. Occupa _ DOB | Business Address: d () Rented () 2) Vehicle Year: Address: ants Name: | Parents () Armed Fore |
| Zip: Zip: Check Company Credit Refer Orivers License # and Color: Emergency Contact: _ State: Additional Occupants: Relationship: Additional Occupants: | Job Time: c One: () Owned ences: 1) State: License #: Phone #: # Add. Occupa # DOB # Add. Occupa | Business Address: d () Rented () 2) Vehicle Year: Address: ants Name: | Parents () Armed Fore |

| No representation, promises, or a | agreements as to date of po | ssession have been | made, and this application |
|--|-----------------------------------|-------------------------------|---|
| shall not be construed as a lease | or agreement, therefore. IT | IS FURTHER UNDE | ERSTOOD THAT NO PETS |
| WILL BE PERMITTED OR MAY | RESULT IN TERMINATIO | N , and that the premi | ses are to be used as a |
| residency only to be occupied by | | | |
| being delivered by present occup | | | |
| has been made on account of the | | | • |
| is subject to approval, and credit | • | • | • |
| herein are a material inducement | | | • • • |
| permission to verify all references | _ | - | |
| will cause the deposit made by the | | | |
| applicant agrees to execute a lea | | | |
| \$ will be retained b | | | |
| returned. The applicant hereby w | <u>aiving any claim for damag</u> | <u>es or reason of non-a</u> | cceptance of this application. |
| | | | |
| | | | |
| Signature of Applicant: | | Agent: | |
| Signature of Applicant and/or Co- | -Sianer | | |
| 7,7 | | | |
| | | | |
| Date: | | | |
| | | | |
| Check () Money Order (|) Credit Card () Receip | ot # | Amount \$ |
| | | | |
| After the application is approved, the \$_ | deposit become | es nonrefundable. | |
| Approved by: | | | |
| · · · · · · · · · · · · · · · · · · · | | | |