



APARTMENT APPLICATION

Please Print and Complete All Questions. Incomplete Information may result in Automatic Rejection

Which building and apartment are you applying for : _____

Name: _____ Social Security: _____/_____/_____
First Middle Last

Email Address: _____ Home Phone:(____) _____ Cell Phone:(____) _____

Driver's License # _____

Present Address: _____
Number Street Apt# City State Zip

How Long at this Address: _____ Monthly Rent \$ _____ per month

Present Landlord: _____ Telephone:(____) _____

NAME ALL OTHER PERSONS APPLYING WITH APPLICANT

NAME	RELATIONSHIP	SOCIAL SECURITY#



APPLICANT EMPLOYMENT & INCOME

Are you currently employed? Yes _____ No _____

Present Employer: _____ Telephone: __ (____) _____

Address: _____ How long employed: _____

Position: _____ Monthly Income \$ _____ Other Income: _____

Source of other income: _____ Total Annual Income: _____

Previous Employer: _____ Telephone: _ (____) _____

If less than 2 years at current position

Do you engage in home occupation? Yes _____ No _____

If yes, please explain: _____

BANK REFERENCES

Bank Name: _____ Address: _____

Bank Name: _____ Address: _____

Has applicant, spouse, or other potential occupants ever been arrested or indicted for, or convicted of, a felony or misdemeanor Yes _____ No _____

If yes, please explain: _____

Have any judgements been entered against applicant, spouse, or other potential occupants? Yes _____ No _____

If yes, please explain: _____

In case of an emergency, please contact : Name: _____

Address: _____ Telephone: __ (____) _____

YOU MUST PROVIDE THE FOLLOWING WITH THIS APPLICATION:

**COPY OF DRIVERS LICENSE
COPY OF SOCIAL SECURITY CARD
COPY OF 3 RECENT BANK STATEMENTS**

**COPY OF W-2 FORM FOR ALL APPLYING
COPY OF 3 RECENT PAY STUBS
MOST RECENT TAX RETURN**



Please Note: No pets, except as reasonable accommodations for disabilities.

Fair credit reporting:

You agree that we and/or the owner/agent, may obtain or use an investigative consumer report in connection with this application to lease an apartment. Subsequent similar reports may be requested or utilized in connection with an update, renewal or extension of this application or your lease and for any other legitimate business purpose. Upon request, you will be informed whether a consumer report or an investigative consumer report has been obtained, and if such report was obtained, of the name and address of the consumer reporting agency that furnished the report. You agree that we are authorized to obtain consumer reports or investigative reports pertaining to you after you vacate the apartment in order to collect amounts due or for other legitimate business purposes.

I hereby certify that the statements made in this application have been examined by me and are true, correct, and complete to the best of my knowledge. I have no objection to the inquiries to be made in the future for the purpose of verifying the facts herein stated or determining the qualifications of my application. I understand that the filing of this application in no way obligates owner/agent to reserve or lease an apartment for me.

Signature of Applicant

Date

Signature of Applicant

Date

- **Non-refundable fee of \$20.00 for the Credit and Criminal background check.**
- **Complete the One Time Credit Card Payment Authorization Form below:**



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Houlihan Parnes Properties** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Houlihan Parnes Properties** to charge my credit card account indicated below for _____ on or after _____. This payment is for the processing of the Application and Credit Screening.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Credit Card# _____

Expiration Date _____

Security Code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.