

**Application for Rental**  
 Please have each resident submit a separate application.

**PARKER HILLTOP LUXURY APARTMENTS**

Date Completed \_\_\_\_\_



**Please Tell Us About Yourself**

NAME OF APPLICANT		DATE OF BIRTH	SOCIAL SECURITY #		DRIVERS LICENSE #	
NAME OF SPOUSE		DATE OF BIRTH	SOCIAL SECURITY #		DRIVERS LICENSE #	
APPLICANT'S PRESENT ADDRESS				CITY	STATE	ZIP
PRESENT ADDRESS:    OWN HOME    PARENTS HOME    RENTED HOME    RENTED APARTMENT    STUDENT HOUSING				MONTHLY PAYMENT		HOW LONG?
IF RENT: PRESENT LANDLORD OR APARTMENT COMMUNITY / IF OWN: NAME BANK OR MORTGAGE COMPANY						
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / BANK / MORTGAGE COMPANY				CITY	STATE	ZIP
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)				CITY	STATE	ZIP
HAVE YOU EVER BEEN EVICTED BY A LANDLORD?    YES    NO						
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT:    ROOMMATES    CHILDREN						
MAKE OF CAR	YEAR	LICENSE #	STATE	OTHER VEHICLES (TRUCK, BOAT, MOTORCYCLE)		
MAKE OF CAR	YEAR	LICENSE #	STATE	1.		
MAKE OF CAR	YEAR	LICENSE #	STATE	2.		
PETS (KEEPING OF PETS REQUIRES A PET DEPOSIT AND OWNER'S CONSENT)			NAME	BREED	WEIGHT	AGE
NAME OF NEAREST RELATIVE		ADDRESS				TELEPHONE #
NAME OF PERSONAL REFERENCE		ADDRESS				TELEPHONE #

**Please Tell Us About Your Job**

NAME OF APPLICANT'S EMPLOYER			TYPE OF WORK	SUPERVISOR	HOW LONG?
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME
FORMER EMPLOYER		TYPE OF WORK		SUPERVISOR	HOW LONG?
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME
NAME OF SPOUSE'S EMPLOYER			TYPE OF WORK	SUPERVISOR	HOW LONG?
SPOUSE'S WORK ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME
OTHER SOURCE OF INCOME			AMOUNT	WHEN RECEIVED	

**Please Give Us The Following Information**

HOW DID YOU HEAR ABOUT US?			HOW FAR AWAY DO YOU WORK?	MILES
WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE?				
HAVE YOU PREVIOUSLY BEEN CONVICTED OF A FELONY?			YES    NO	IF YES, GIVE DETAILS AND DATES
DO YOU FORESEE ANY NEGATIVE REPORTING ON YOUR CREDIT HISTORY?			YES    NO	IF YES, GIVE DETAILS AND DATES
ANY LITIGATION, SUCH AS: EVICTIONS, SUITS, JUDGMENTS, BANKRUPTCIES, FORECLOSURES, ETC?			YES    NO	IF YES, GIVE DETAILS AND DATES
IN CASE OF EMERGENCY, NOTIFY			TELEPHONE #	
STREET ADDRESS		CITY	STATE	RELATIONSHIP

## Please Read Carefully and Sign Below

Correct information – applicant represents that all of the above statements are true and complete. Applicant hereby authorizes verification of above information, references, credit and criminal records and applicant releases from all liability or responsibility all person and corporations requesting or supplying such information. Applicant acknowledges that false information herein may constitute for grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this state. Applicant agrees to terms of the “applicant deposit agreement” below.

Application Deposit Agreement – Applicant is required to pay the sum of \$\_\_\_\_\_, in consideration for Owner taking the apartment off the market while considering approval of this application. Of this amount \$\_\_\_\_\_ is a non-refundable fee for processing the application and \$\_\_\_\_\_ is a non-refundable community fee. The remaining \$\_\_\_\_\_ is an application deposit in connection with this application. If the applicant is approved by Owner and the contemplated lease is entered into, the application deposit shall be credited to the required security deposit. If applicant notifies the Owner that applicant wishes to withdraw this application for rental prior to approval, or if applicant is approved but fails to properly enter into the contemplated lease, then the entire sum of \$\_\_\_\_\_ shall be forfeited to the Owner. If the application is not approved, the non-refundable community fee and the application deposit will be refunded. Keys will be furnished only after the contemplated lease and other rental documents have been properly executed by all parties, and only after applicable rental and security deposits have been paid. This application is preliminary only and does not obligate Owner or Owner’s Agent to execute a lease or deliver possession of the proposed premises.

“I hereby consent to allow the Laramar community through its designated agent and its employees, to obtain and verify my credit information (including criminal background check) for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Laramar community and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods.

I have read and agree to these provisions as stated.

Amount Required with application	\$ _____
Amount Paid	\$ _____
Amount Due	\$ _____
Lease Amount Due	\$ _____
Other Deposits Due	\$ _____
Total Before Move-In	\$ _____
Due on or	\$ _____
	\$ _____

Apartment #	_____
Apartment Type	_____
Anticipated Move-In Date	_____
Lease Type	_____



\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Spouse's Signature*

\_\_\_\_\_  
*Guarantor*