

HARBOR VIEW RESIDENCES
Application for Resident and Occupants

Community: _____ Apt. # _____ Type: _____

Move-in: _____ Terms: _____ Monthly Rent: _____

Lease dates: _____ Pro-rates: _____ Deposit: _____

Garage/Parking/Storage: _____ Approved by: _____

(Agent) Faxed: _____

Each co-resident and each occupant over 18 years old must submit a separate application.

Date filled out: _____.

ABOUT YOU:

Full name (exactly as on driver's license or government ID card)

Birth Date

Former last name (maiden & married)

Your Social Security #

Driver's license # & state:

OR government photo ID card #:

ADDRESS INFORMATION

Current address where you live: _____

Phone(s): _____

Name of Apartment where you live now: _____

Current owner or manager's name: _____

Current owner or manager's phone: _____

Date moved in: _____

Reason for leaving your present residence: _____

Your Previous home address: _____

Apartment Name: _____

Name of above owner or manager: _____

Telephone number: _____

Previous Monthly rent: \$ _____

Date you moved In: _____ Date you moved out: _____

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YOUR WORK INFORMATION

Present employer: _____

Address: _____

Work phone: (____) _____ Position: _____

Your gross monthly income is over \$ _____

Date you began this job: _____

Supervisor's name: _____ Supervisor's phone #: _____

MUST INCLUDE 2 YEARS VERIFIABLE RESIDENCE

OTHER OCCUPANTS: Full names of all persons under age 18 and other adults who will occupy the unit and sign form.

Name _____ Drivers License or Government Card No _____

Social Security # _____ Birth Date _____ Sex _____ Relationship _____

Name _____ Drivers License or Government Card No _____

Social Security # _____ Birth Date _____ Sex _____ Relationship _____

Name _____ Drivers License or Government Card No _____

Social Security # _____ Birth Date _____ Sex _____ Relationship _____

YOUR VEHICLES

List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, RV's, Campers, boats, etc.) Continue in margin.

Make of vehicle Year License Number State

Make of vehicle Year License Number State

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YOUR CREDIT HISTORY

Your bank's name: _____

City, State: _____

List of major credit cards: _____

Your other non-work income you want considered: _____

Please explain _____

Have you or your spouse ever owned a home: _____

Past credit problems you wan to explain: (Use separate page if necessary)

OTHER INFORMATION

Will you or any other occupant have a pet?: ___ If yes, please see the leasing agent immediately.

How were you referred?: _____

Name of rental agency, or locator service: _____

Agent's name: _____

Friend name: _____ Newspaper _____

Other _____

YOUR RENTAL/CRIMINAL HISTORY

Have you or any occupant listed above ever: (check all that apply)

_____ been evicted or asked to move out?

_____ broken a rental agreement or apartment lease?

_____ declared bankruptcy?

_____ been sued for non payment of rent?

_____ been sued for damage to rental property?

_____ been convicted of a felony?

_____ received deferred adjudication for a felony? Please indicate the year, location and type of each felony. We may

need to discuss more facts before making a decision.

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EMERGENCY

Emergency contact person over the age of 18 who will not be living with you.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone Numbers: _____

Relationship: _____

If you are seriously ill, missing, or incarcerated according to an affidavit of the above person, or if you die, you authorize (check one or more) _____ the above person, _____ your spouse and/or your parent to enter our dwelling to remove and store all contents as well as your property in the mailbox, storerooms and common areas. If you are seriously ill or injured, you authorize us to sent for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION:

I/we authorize 1 School Street Apartments to verify the above information by all available means. 1 School Street Apartments is not required to verify or investigate preliminary findings. I/we declare that the statements made in them application are true and correct and that any information contained in the application which is false, misleading, or inaccurate shall be cause for rejection of the application and, if a lease has been entered into, shall constitute a material breach of the lease, entitling 1 School Street Apartments to terminate my or/our tenancy.

APPLICANT'S SIGNATURE: _____

Applicant's name (please print or type) _____

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Applicant's name (please print or type) _____

INSURANCE

Renters Insurance: _____ Yes. If yes complete below. _____ No. If no, read and sign below.

Carrier: _____

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Agent: _____ Phone: () _____

I understand that the property's insurance coverage and insurance does not and can not protect any personal belongings against burglary, vandalism, fire, smoke and other perils. I also understand that by not having personal liability insurance, I may be liable to third parties and to the property owner for certain perils which are covered by renters insurance.

IF NO INSURANCE, OWNER, AND ITS REPRESENTATIVES STRONGLY RECOMMEND THAT RESIDENT SECURES INSURANCE

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type) _____

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type) _____

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type)

X _____ Date: _____

Applicant's signature

Applicant's name (please print or type)

To be filled in only if the Apartment Lease is not signed by resident at the time of application rental. The Apartment Lease to be used must be the 1 School Street Apartments Form. The blanks in the form will contain the following information.

* Names of all residents who will sign Apartment Lease Rent to be paid at on-site manager's office or at rent drop.

_____ * Monthly parking (if any) of \$ _____

_____ Prorated rent the first month of \$ _____

_____ * Monthly rental due dates FIRST OF THE MONTH

* Total number of residents and occupants _____

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Our consent necessary for guest staying longer than * Late charges will be due IN ACCORDANCE WITH STATE LAW

FIVE days * Commencement date and ending date of Apartment * Return check charge of \$ _____

Lease _____ * Daily pet violation charge of \$10/ day (check one)

_____ furnished or _____ unfurnished * Total security deposits for all purposes of \$ _____ * Utilities paid by owner (check) _____ electricity _____ gas _____ water _____ wastewater _____ trash

* Number of keys for unit _____, mailbox _____ cable TV _____ master TV antenna

Other _____ * You will (check one) _____ buy insurance, or be

_____ self-insured * Total monthly rent for Apartment of \$ _____ * Agreed cancellation fee of

\$ _____ will be accessed if cancellation in writing occurs within 72 hours from date of application.

You can include any co-applicant, line applied in lease an * Your move-out notice will terminate Apartment apartment from 1 School Street Apartments. If you have not already signed a proposed Lease, then upon Lease on (check one) approval of the application, you agree to sign Central Place _____ last day of month following next due date for rent, apartments standard lease currently in use. or _____ exact day. Designated in move-out notice but no sooner than 10 days after notice. We will attempt to inform you of the approval or * Special provisions

_____ rejection of your application within seven days. _____ however, under no event shall a tenancy occur until If you and all co-applicants have not already signed the 1 School Street Apartments, you, and all co-applicants, lease, then you agree to do so within three days of have signed the lease and you have paid all required your application. Notice to one co-applicant shall be deposits and rents that are due upon the deemed notice to all. commencement of the lease.

1 School Street Apartments DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL AND IS IN FULL COMPLIANCE WITH ALL STATE AND FEDERAL FAIR HOUSING LAWS.

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SIGNATURES:

Applicant's Signature: _____ Date: _____

Signature of Owner's Representative: _____ Date: _____

FOR OFFICE USE ONLY

1. Person accepting application: _____

2. Person processing application: _____

3. Date that application or co-applicant was notified by: telephone ___ letter, or ___ in person of ___
acceptance or ___ nonacceptance _____

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance.)

4. Names of person(s) who were notified if multiple applicants:

5. Name of owner's representative who notified above person(s): _____

6. Manager's signature: _____