

**METRO COMMUNITIES
RENTAL APPLICATION**

Notice: Co-Applicant must complete a separate rental application

The undersigned hereby makes application to rent unit number _____ located at _____
_____ Apartments, beginning on _____, _____ at a monthly rental rate of
\$ _____.

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ Phone (____) _____
Date of Birth _____ Social Security No. _____
Name of Co-Applicant _____
No. of Dependents (excluding co-applicant) _____
List name, age, date of birth and social security number of all other occupants who will live in the apartment:

Pets (number and kind) _____

**PLEASE GIVE US YOUR RESIDENCE HISTORY FOR THE PAST THREE YEARS
(BEGINNING WITH MOST CURRENT)**

CURRENT ADDRESS _____

City State Zip Code
Month & year moved in _____ Reason for leaving _____
Owner or Agent _____ Phone (____) _____

PREVIOUS ADDRESS (if within 3 years) _____

City State Zip Code
Month & year moved in _____ Reason for leaving _____
Owner or Agent _____ Phone (____) _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS: [] Employed full time [] Employed part time [] student [] retired [] unemployed
EMPLOYER: [] current or [] previous _____
Date Employed _____ Employed as _____
Supervisor _____ Supervisor's Phone (____) _____
Address _____
Salary \$ _____ per _____.
If employed by above less than six (6) months, give name and address of previous employer or school

If there are other sources of income you would like us to consider, please list income, source and person (banker, employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.
Amount \$ _____ Source _____

I hereby apply to lease the above-described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts full sum of the earnest money deposit will be retained to offset the agent's cost, time and effort in processing my application.

I hereby deposit \$_____ as earnest money to be refunded to me if this application is not accepted within 3 business banking days. Upon acceptance of this application, applicant shall tender the balance of the earnest money deposit of \$_____ upon taking possession of the Premises, this deposit shall be retained and converted to a security deposit. When so approved and accepted within 3 days after said notice I agree to execute a lease for _____ months before possession is given or the deposit will be forfeited as liquidated damages. If this application is not approved and accepted by the owner or agent, the earnest money deposit will be refunded after applicant's check has cleared applicant's bank. The applicant hereby waives any claim for damages by reason of nonacceptance, which the owner or his agent may reject without stating any reason for doing so.

I HEREBY AUTHORIZE METRO COMMUNITIES TO OBTAIN CONSUMER REPORTS, AND ANY OTHER INFORMATION IT DEEMS NECESSARY, FOR THE PURPOSE OF EVALUATING MY APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH AN UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE.

The above information, to the best of my knowledge, is true and correct. This Application, upon execution of a Lease Agreement with Metro Communities shall be incorporated into the Lease and made a part thereof.

Signature of Applicant _____ Date signed _____

METRO COMMUNITIES IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RELIGION, OR FAMILIAL STATUS.

APPLICANT: DO NOT WRITE BELOW THIS LINE

DEPOSIT OF \$_____ RECEIVED BY (NAME)_____ DATE_____

APPLICATION FEE OF \$_____ RECEIVED BY (NAME)_____ DATE_____

THIS APPLICATION FORM RECEIVED BY (NAME)_____ DATE_____

