Please complete all areas of application.

Apartment Address: _____
_____

Rent Amount: $_____ Sec. Deposit $ _____

Lease Term: From _____ To _____

Total Due at Move-In $_____

Processing Fee of $15.00 per Applicant

PERSONAL

Applicant's Name _____ DOB_____ SSN#_____
First   Middle   Last

Phone # and email address _____ Driver's License #_____

Co-Applicant's Name_____ DOB_____ SSN#_____
First   Middle   Last

Phone # and email address _____ Driver's License #_____

OTHER OCCUPANTS:

Name	Age	Relationship	Name	Age	Relationship

RESIDENTIAL HISTORY - APPLICANT

Present Address: _____
Street   Apt.#   City   State   Zip

Dates: From _____ to _____ Landlord Name _____

Landlord Phone # _____

Monthly Payment $ _____ Reason for Moving _____

Previous Address: _____
Street   Apt.#   City   State   Zip

Dates: From _____ to _____ Landlord Name _____

Landlord Phone # _____

Monthly Payment $ _____ Reason for Moving _____

Have you ever been evicted from any leased premises? _____

If yes, explain_____

RESIDENTIAL HISTORY - CO-APPLICANT

Present Address: _____
Street   Apt.#   City   State   Zip

Dates: From _____ to _____ Landlord Name _____

Landlord Phone # _____

Monthly Payment $ _____ Reason for Moving _____

Previous Address: _____
Street   Apt.#   City   State   Zip

Dates: From _____ to _____ Landlord Name _____

Landlord Phone # _____

Monthly Payment $ _____ Reason for Moving _____

Have you ever been evicted from any leased premises? _____

If yes, explain_____

MISCELLANEOUS

Have you/co-applicant ever been convicted of a felony? _____

Do you/co-applicant have any pets? _____

Do you/co-applicant or any household member receive Section 8 rental assistance? _____

If yes - BHA, VSHA or WHA (circle one)

EMPLOYMENT/INCOME-APPLICANT

Present Employer_____ Position_____

Business Address_____ Phone # _____
               Street   City   State   Zip

Supervisor_____ Employed Since _____ Gross Monthly Salary $_____

Previous Employer _____ Position_____

Business Address_____ Phone # _____

Supervisor_____ Employed Since _____ Gross Monthly Salary $_____

Additional Monthly Income (if any) $_____ Source_____

EMPLOYMENT/INCOME-CO-APPLICANT

Present Employer_____ Position_____

Business Address_____ Phone # _____
               Street   City   State   Zip

Supervisor_____ Employed Since _____ Gross Monthly Salary $_____

Previous Employer _____ Position_____

Business Address_____ Phone # _____

Supervisor_____ Employed Since _____ Gross Monthly Salary $_____

Additional Monthly Income (if any) $_____ Source_____

EMERGENCY - APPLICANT

Emergency Contact (nearest relative not living with you):

_____
Name   Address   City   State   Zip

Relationship _____ Home Phone_____ Work Phone_____

In the event of serious illness or death of resident, the above emergency contact _____ is _____ is not authorized to enter the apartment, condo, or house and remove all contents.

EMERGENCY - CO-APPLICANT

Emergency Contact (nearest relative not living with you):

_____
Name   Address   City   State   Zip

Relationship _____ Home Phone_____ Work Phone_____

In the event of serious illness or death of resident, the above emergency contact _____ is _____ is not authorized to enter the apartment, condo, or house and remove all contents.

Applicant(s) represents that all the above statements are true and complete, and hereby authorizes verification of the above information. Verification shall include, but not limited to the procurement of a personal credit history(s). Credit history(s) will be used to qualify the applicant(s), for periodic account review purposes, as well as to collect outstanding debt at termination, if necessary. Applicant(s) acknowledges that false information herein may consititute grounds for rejection of this application, termination of occupancy, and may constitute criminal offense under the laws of this state.

Simplicity Property Management is an equal opportunity housing provider and does not discriminate against any applicant or tenant on the basis of race, color, religious creed, national origin, sex, sexual orientation, gender identity or gender-related characteristics, children, familial status, marital status, age, receipt of public assistance, handicap, or disability.

I, the undersigned Applicant(s), have read and agree to all provisions of this application.

Applicant's Signature _____ Date_____

Co-Applicant's Signature _____ Date_____