

Community Name: Northgate

SafeRent Transaction # _____

Apt. Applied for: _____

Leasing Assoc.: _____

SAMUELS & ASSOCIATES
RENTAL APPLICATION
 PLEASE COMPLETE ALL FIELDS FRONT & BACK
 USE N/A IF NOT APPLICABLE



APPLICANT INFORMATION- ONE APPLICATION PER ADULT APPLICANT

APPLICANT'S NAME LAST		FIRST	M.I.	BIRTHDATE / /	LAST 4 DIGITS OF DRIV. LIC. & STATE	
EMAIL ADDRESS				CELL OR HOME PHONE NUMBER		
PRESENT ADDRESS		APT #	CITY	STATE	ZIP CODE	
HOW LONG AT THIS ADDRESS		RENT/OWN	LANDLORD/MORTGAGE CO.			
PREVIOUS ADDRESS		APT #	CITY	STATE	ZIP CODE	
HOW LONG AT THIS ADDRESS		RENT/OWN	LANDLORD/MORTGAGE CO.			
NAME OF PERSONS TO OCCUPY APARTMENT				RELATIONSHIP	DATE OF BIRTH	

EMPLOYMENT

PRESENT EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY \$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE	
PREVIOUS EMPLOYER	POSITION	PHONE NO.	NO. OF YEARS	SALARY \$	PER
PREVIOUS EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE	

OTHER SOURCES OF INCOME

ADDITIONAL INCOME - DESCRIBE SOURCE AND HOW TO VERIFY	\$	PER
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PERSONAL

NO. OF VEHICLES TO BE PARKED ON COMMUNITY						
VEHICLES - MAKE / MODEL (1)		LICENSE NO.	COLOR		YEAR	
MAKE / MODEL (2)		LICENSE NO.	COLOR		YEAR	
IN CASE OF EMERGENCY, CONTACT:		RELATIONSHIP	ADDRESS		PHONE NO.	
NUMBER OF PETS	TYPE(S)/BREEDS	NAMES(S)	AGE(S)	WEIGHT(S)	COLOR(S)	DATE OF LAST RABIES VACCINATION(S)

HOW DID YOU HEAR ABOUT US?

PRIMARY SOURCE	OTHER SOURCE
IF LOCATOR/ BROKER, PLEASE LIST NAME OF AGENT AND COMPANY	
IF RESIDENT, PLEASE LIST CURRENT RESIDENT'S NAME	

MOISTURE AND MOLD

MOISTURE ISSUES AND APPARENT MOLD GROWTH MAY HAVE BEEN DISCOVERED FROM TIME TO TIME WITHIN THE COMMON AREAS AND INDIVIDUAL APARTMENT UNITS WITHIN THIS PROPERTY. AS WITH ANY OTHER PROPERTY, THERE MAY BE MOISTURE AND MOLD ISSUES AT THIS PROPERTY IN THE FUTURE AND YOUR COOPERATION AND COORDINATION WITH THE MANAGEMENT COMPANY'S AND/OR OWNER'S INSPECTION PROCESS AND ANY NECESSARY AND APPROPRIATE CORRECTIVE ACTION MAY BE REQUIRED. SHOULD YOU HAVE ANY MAINTENANCE ISSUES REGARDING MOISTURE AND/OR MOLD GROWTH, YOU MUST PROMPTLY REPORT THEM TO THE MANAGEMENT COMPANY AND/OR OWNER SO THAT THEY CAN BE PROMPTLY ADDRESSED BY TRAINED PERSONNEL AND/OR SUITABLY QUALIFIED CONTRACTORS RETAINED BY MANAGEMENT AND/OR OWNER.

RENTAL / CRIMINAL HISTORY

SAMUELS & ASSOCIATES RESERVES THE RIGHT NOT TO LEASE TO ANY INDIVIDUAL WHO HAS BEEN EVICTED, BROKEN A PRIOR LEASE, DECLARED BANKRUPTCY, BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGE TO RENTAL PROPERTY, CONVICTED OF CERTAIN CRIMES, ARRESTED FOR CERTAIN CRIMES WHERE A TRIAL IS PENDING, OR WHO IS LISTED BY THE FBI AS A FUGITIVE OR A TERRORIST. TO DETERMINE APPLICANT'S ELIGIBILITY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAS ANY APPLICANT EVER BEEN EVICTED OR ASKED TO MOVE OUT? YES ___ NO ___ BROKEN A RENTAL AGREEMENT OR LEASE? YES ___ NO ___ DECLARED BANKRUPTCY? YES ___ NO ___ BEEN SUED FOR NON-PAYMENT OF RENT OR FOR DAMAGE TO RENTAL PROPERTY? YES ___ NO ___

HAS ANY APPLICANT EVER BEEN CONVICTED OF A FELONY, ANY CRIME INVOLVING VIOLENCE, ANY CRIME INVOLVING DRUGS, DAMAGE TO PROPERTY, OR A SEXUAL OFFENSE? YES ___ NO ___ BEEN ARRESTED FOR ANY OF THE FOREGOING OFFENSES WHERE A TRIAL IS PENDING? YES ___ NO ___ IF "YES" IS MARKED FOR ANY RESPONSE, PLEASE PROVIDE FURTHER DETAILS ON THE REVERSE SIDE OF THIS APPLICATION (E.G., DATE OF CONVICTION AND TYPE OF OFFENSE). FURTHER INFORMATION MAY BE REQUIRED TO DETERMINE ELIGIBILITY FOR A RENTAL.

CONSENT

APPLICANT HEREBY CONSENTS TO ALLOW SAMUELS & ASSOCIATES, THROUGH ITS DESIGNATED AGENT AND EMPLOYEES, TO OBTAIN CREDIT INFORMATION, CRIMINAL HISTORY (INCLUDING A CONFIRMATION THAT THE APPLICANT IS NOT LISTED ON THE FBI'S "MOST WANTED FUGITIVES" AND "MOST WANTED TERRORISTS" LISTS) AND RELATED INFORMATION REGARDING THE APPLICANT FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO ENTER INTO AN APARTMENT LEASE WITH APPLICANT. APPLICANT UNDERSTANDS THAT, SHOULD APPLICANT LEASE AN APARTMENT, SAMUELS & ASSOCIATES AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW APPLICANT'S CREDIT INFORMATION, RENTAL APPLICATION, PAYMENT HISTORY, OCCUPANCY HISTORY, CRIMINAL BACKGROUND HISTORY AND RELATED INFORMATION FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS. APPLICANT UNDERSTANDS THAT PROVIDING FALSE, FRAUDULENT OR MISLEADING INFORMATION IS GROUNDS FOR DENIAL OF RESIDENCY OR TERMINATION OF APPLICANT'S RIGHT OF OCCUPANCY.

ACKNOWLEDGEMENT

WHILE MANAGEMENT'S POLICY IS TO OBTAIN A STANDARD CRIMINAL BACKGROUND CHECK, PERFORMED BY A NATIONAL SCREENING COMPANY, ON ALL APPLICANTS, MANAGEMENT CANNOT GUARANTEE THAT A BACKGROUND CHECK HAS BEEN PERFORMED ON ALL RESIDENTS. NOR IS MANAGEMENT ABLE TO GUARANTEE THE ACCURACY OR COMPLETENESS OF THE INFORMATION OBTAINED FROM THE SCREENING COMPANY OR THAT THE LACK OF A CRIMINAL RECORD GUARANTEES THE SAFETY OF ALL RESIDENTS. APPLICANT UNDERSTANDS THAT THE MANAGEMENT COMPANY AND OWNER ARE RELYING ON THE INFORMATION IN THIS APPLICATION AND ITS ACCURACY. THE LEASE MAY BE CANCELED IF THE APPLICANT HAS MADE ANY MISLEADING OR FALSE STATEMENTS IN THIS APPLICATION.

TO BE FILLED IN BY MANAGEMENT (PROVISIONS STATED IN LEASE SHALL CONTROL)

CONTEMPLATED MONTHLY CHARGES		CONTEMPLATED MOVE IN DEPOSITS, RENTS AND FEES	
(DUE THE 1ST OF EACH MONTH)		(DUE AT TIME OF APPLICATION OR MOVE IN)	
BASE RENT	\$ _____	REFUNDABLE SECURITY DEPOSIT	\$ _____
PET RENT	\$ _____	ADDITIONAL REFUNDABLE SECURITY DEPOSIT	\$0.00
OTHER RENT	\$ _____	REFUNDABLE PET DEPOSIT	\$0.00
OTHER _____	\$ _____	NON-REFUNDABLE PET SANITATION FEE	\$0.00
OTHER _____	\$ _____	APPLICATION FEE	\$0.00
		NON-REFUNDABLE MOVE IN FEE	\$0.00
CONCESSIONS GIVEN		KEY & LOCK CHARGE	\$150.00
ONE-TIME / UPFRONT	\$ _____	FIRST MONTH'S RENT ADVANCE PAYMENT	\$500.00
MONTHLY	\$ _____	OTHER _____	\$ _____
TOTAL DUE		TOTAL DEPOSITS DUE	\$ _____
MONTHLY*	\$ _____	PRO-RATED RENT DUE BY MOVE IN DATE	\$ _____
LEASE DATES: BEGIN _____ END _____		TOTAL RENTS / FEES DUE	\$ _____
LESSOR ACKNOWLEDGES RECEIPT OF CHECK # _____ AND / OR MONEY ORDER # _____ ON (DATE) _____			\$ _____
TOTAL REMAINING BALANCE (RENT, DEPOSITS, AND/OR FEES) DUE ON OR BEFORE MOVE IN DATE			\$ _____

APPLICANT FURTHER UNDERSTANDS THAT MANAGEMENT WILL ADHERE TO RELEVANT STATE LAWS IN CONNECTION WITH ALL SECURITY DEPOSITS. APPLICANT ACKNOWLEDGES AND AGREES THAT THIS APPLICATION IS A BINDING CONTRACT BETWEEN APPLICANT AND LANDLORD. IN THE EVENT THAT APPLICANT RECEIVES A NOTIFICATION OF APPROVAL FOR TENANCY, APPLICANT MUST EXECUTE A STANDARD FORM OCCUPANCY AGREEMENT WITHIN 48 HOURS. AS PAYMENT ON ACCOUNT FOR THE ABOVE DESCRIBED APARTMENT, APPLICANT UNDERSTANDS THAT THE PORTION OF THE FIRST FULL MONTH'S RENT IN THE AMOUNT OF \$250 LISTED ABOVE MUST BE PAID TOWARD THE FIRST MONTH'S RENT WITHIN 24-HOURS OF NOTIFICATION OF APPROVAL. IF THE APPLICANT DOES NOT CANCEL WITHIN 48 HOURS, OR FAILS TO EXECUTE AN APARTMENT LEASE AGREEMENT AS AFORESAID, THE PORTION OF THE FIRST FULL MONTH'S RENT PAID WILL BE RETAINED BY US AS LIQUIDATED DAMAGES. APPLICANT AGREES THIS IS A REASONABLE ESTIMATE OF THE LANDLORD'S DAMAGES AS A RESULT OF APPLICANT'S FAILURE TO FULFILL APPLICANT'S CONTRACTUAL OBLIGATION AND IS NOT TO BE CONSTRUED AS PENALTY. APPLICANT UNDERSTANDS THAT ANY CHANGES TO THE LEASE TERM, MOVE IN DATE, OR APARTMENT HOME SELECTED IS LIKELY TO RESULT IN AN ADJUSTMENT TO THE RENTAL RATE, DEPOSIT, AND/OR FEES REQUIRED.

* IN ADDITION, APPLICANT UNDERSTANDS THAT PAYMENT OF THE FOLLOWING UTILITIES IS THE SOLE RESPONSIBILITY OF THE RESIDENT: ELECTRIC, GAS, CABLE / INTERNET, TELEPHONE, WATER/SEWER, TRASH.

APPROVALS

DATE PROCESSED _____ APPROVED _____ NOT APPROVED _____ APPROVED WITH ADDITIONAL DEPOSIT _____ APPROVED W/GUARANTOR _____
APPLICANT NOTIFIED BY: _____ DATE: _____ TIME: _____

SIGNATURE OF APPLICANT

X _____ Date _____

SIGNATURE OF SAMUELS & ASSOCIATES AGENT

X _____ Date _____

FOR OFFICE USE ONLY: GOVERNMENT ISSUED ID VERIFIED (FOR INDIVIDUALS PRESENT AT THE SITE ONLY)

NAME : _____ ID TYPE: _____ LAST 4 DIGITS OF ID #: _____

Community: Northgate	Apartment:	Date:
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Your Social Security Number will be used solely during the application process. In order to complete the application process, please provide your name as well as your Social Security Number below:

Applicant #1

Name: _____ SSN: _____ - _____ - _____

Applicant #2

Name: _____ SSN: _____ - _____ - _____

Applicant #3

Name: _____ SSN: _____ - _____ - _____

Applicant #4

Name: _____ SSN: _____ - _____ - _____

Applicant #5

Name: _____ SSN: _____ - _____ - _____

This document will be destroyed once the application process has been completed.