

CENTURY TOWERS APARTMENTS RENTAL APPLICATION

In order to reserve an apartment, applicant agrees to pay the reservation fee. The Reservation Fee referred to below is non-refundable unless the application is denied. Upon execution of the lease the Reservation Fee will be applied to the costs due at move-in. Applicant acknowledges that Landlord will provide a copy of the lease upon request.

Application fee(s) and the reservation fee must be paid by 2 separate money orders or checks.

Non-refundable Credit Check Fee \$30.00 payable to HOMKOR. Reservation Fee \$175.00 payable to CENTURY TOWERS.

Projected Move-in Date _____ Leases Expire July 31

PET ___ Yes ___ No Type _____ Breed _____ Size _____ +\$10/month/pet +\$250 deposit (\$50 nonrefundable)

APPLICANT'S (CO-SIGNER) INFORMATION AND REFERENCES

Name (First, MI, Last) _____ Date of Birth _____

Home Phone _____ Alternate Phone _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Move in date (month/day/year) _____ House _____ Apt. _____ Own _____ Rent _____

Landlord (Mortgage Holder) name _____ Phone number _____

Landlord's address _____ Monthly payment _____

Previous Address _____ City _____ State _____ Zip Code _____

Move in date _____ Move out date _____ Monthly payment _____

Landlord (Mortgage) name & address _____ Phone number _____

Previous Address _____ City _____ State _____ Zip Code _____

Move in date _____ Move out date _____ Monthly payment _____

Landlord (Mortgage) name & address _____ Phone number _____

INCOME/EMPLOYMENT (UHS STUDENTS ONLY LIST INFORMATION PERTAINING TO SCHOOL YEAR AT UHS)

Employer _____ Phone _____ Length Employed _____

Address _____ City _____ State _____ Supervisor Name _____

Position _____ Gross Pay _____ per ___ Hour ___ Month ___ Year _____ FT ___ PT

Source of Income _____ Amount _____ per _____ Month _____ Year

Source of Income _____ Amount _____ per _____ Month _____ Year

BANK REFERENCES

Checking Account Bank Name _____ Account number _____

Savings Account Bank Name _____ Account number _____

PERSONS OTHER THAN APPLICANT WHO WILL OCCUPY APARTMENT

(EACH OCCUPANT MUST FILL OUT A SEPARATE APPLICATION AND APPLY FOR OCCUPANCY).

Name(s): _____ Age: _____ Relationship: _____

PERSON TO NOTIFY IN CASE OF SICKNESS OR ACCIDENT

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip Code _____

Have you (or anyone to occupy the apartment) ever been convicted of or pled guilty or “no contest” to a felony (whether or not resulting in a conviction)? _____ Have you (or anyone to occupy the apartment) ever been convicted of or pled guilty or “no contest” to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? _____ If you answered yes to either question please explain. _____

NOTICE: BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

If landlord, in its sole discretion, determines a surety rider is required, the applicant is required to have the proposed surety, complete a separate application. Said application shall be incorporated herein. Applicant agrees that Landlord or its Agent(s) may contact applicant’s employer and references listed on this application. Applicant certifies that this information is true and accurate. Applicant authorizes Landlord or its Agent(s) to obtain any and all information pertinent to this application. Upon request by Landlord or its Agent(s), applicant shall supply additional information, which shall be deemed necessary to evaluate this application. Applicant(s) authorize Landlord or its Agent(s) to re-verify and inquire into applicant(s) information at any time subsequent to approval or rejection of this application.

CT 6/25/02

Applicant acknowledges that he/she has read and agrees to the terms and conditions as described herein (front & back of page).
Applicant (Co-signer) Signature _____ Date _____