



Rental Application for QUAIL CREEK



OFFICE USE ONLY ----- Possible Apartment # _____

Application Date _____ Lease Term _____ Move-In Date Desired _____

Number of Occupants _____ Floor Plan Desired _____ Security Deposit \$ _____

Pets: Dog Cat Breed _____ Weight _____ Pet Fee \$ _____

Required before application will be processed: (Check or Money Order Only) Vet Records

Identity Verification Income Verification Application Fee \$ _____ Hold Deposit \$ _____

I understand that the hold deposit will not be refunded if this application is approved and I cancel for any reason.

APPLICANT NAME _____
FIRST MIDDLE LAST

PRIMARY PHONE # / ALTERNATE PHONE # / E-MAIL ADDRESS

DATE OF BIRTH _____ SSN _____ - _____ - _____ ISSUE STATE _____

Single Married Widow Divorced Separated # Years _____ PARTNER/ SPOUSE'S NAME _____

CURRENT ADDRESS _____
STREET CITY STATE ZIP

Own Rent DATES OF RESIDENCY _____ - _____ Monthly Rent/ Mortgage Payment \$ _____

EMPLOYER _____ Title _____ Since _____ Gross Income per Year \$ _____

EMPLOYER ADDRESS _____
CITY STATE PHONE#

VEHICLE _____
YEAR MAKE MODEL COLOR PLATE #

EMERGENCY CONTACT:

NAME RELATION PHONE#

STREET CITY STATE ZIP

HAVE YOU EVER BEEN: CHARGED/ ARRESTED OF A CRIME? YES NO STATE _____ YEAR _____

FORECLOSED ON/ EVICTED? YES NO YEAR _____ FILED BANKRUPTCY? YES NO YEAR _____

Inaccurate or omissions of the requested information may cause delay or denial of consideration for residency.

The undersigned does hereby consent that all information stated on this application may be verified and processed through a credit agency. This includes a full credit screening and criminal background check. I hereby release all parties from any liability in connection with the provision and use of such information. I understand that this application does not constitute any oral or written commitment on the part of the agent.

APPLICANT SIGNATURE _____ DATE _____

LIST ALL CHILDREN OR DEPENDENTS THAT MAY OCCUPY THE PREMISE NOT INCLUDING OTHER CO-APPLICANTS:

NAME RELATION DOB NAME RELATION DOB

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