

CRAVENS PROPERTIES
RENTAL APPLICATION

This information is sought to assure the most responsible residents possible and to assist management in cases of emergency, Your cooperation is greatly appreciated. All information areas must be completed and accurate for approval. Each potential resident must complete an application.

NAME:LAST _____ FIRST _____ MIDDLE _____
SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

FULL CURRENT:

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER(____) _____ MARTIAL STATUS:SINGLE ___ MARRIED ___ DIVORCED ___

MONTHLY PAYMENT \$ _____

LANDLORD NAME & PHONE _____

DATES OF RESIDENCY: FROM ____/____/____ TO ____/____/____

PARENTS ADDRESS:(Students Only)

STREET ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

PREVIOUS ADDRESS:

STREET ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

DATES OF RESIDENCY: FROM ____/____/____ TO ____/____/____

LANDLORD NAME & PHONE _____

NAME(S) ON LEASE _____

MONTHLY PAYMENT \$ _____

EMPLOYMENT:(MUST BE YOUR CURRENT EMPLOYER)

COMPANY _____ ADDRESS _____

PHONE NUMBER(____) _____ YOUR TITLE/DEPT _____

SUPERVISOR _____ FT OR PT _____

DATES OF EMPLOYMENT: FROM ____/____/____ TO ____/____/____

GROSS MONTHLY INCOME \$ _____

ARE YOU A STUDENT? YES ___ NO ___ FT OR PT _____

COLLEGE OR UNIVERSITY _____

MAJOR/FIELD _____ YEAR _____

DO YOU HAVE A VEHICLE? YES ___ NO ___

MAKE _____ MODEL _____ YEAR _____

STATE LICENSE PLATE NUMBER _____

LIST NAME, AGE & PHONE NUMBER OF ALL INTENDED OCCUPANTS:

NAME _____

AGE _____ PHONE NUMBER(____) _____

RELATION _____

LIST NAME, AGE & PHONE NUMBER OF ALL INTENDED OCCUPANTS:

NAME _____
AGE _____ PHONE NUMBER(____) _____
RELATION _____

LIST NAME, AGE & PHONE NUMBER OF ALL INTENDED OCCUPANTS:

NAME _____
AGE _____ PHONE NUMBER(____) _____
RELATION _____

LIST NAME, AGE & PHONE NUMBER OF ALL INTENDED OCCUPANTS:

NAME _____
AGE _____ PHONE NUMBER(____) _____
RELATION _____

ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY:

1. WHY ARE YOU LEAVING PRESENT ADDRESS?
2. HAVE YOU EVER BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT?
3. HAVE YOU EVER BEEN LEGALLY EVICTED OR DEMANDED TO VACATE PREMISES?
 - a. IF SO, WHY & WITH WHOM?
4. DO YOU OWE ANY LANDLORD MONEY FOR RENTS OR DAMAGES?
5. DO YOU REQUIRE ANY SPECIAL NEEDS, ACCOMMODATIONS OR CONSIDERATIONS?
 - a. IF SO, EXPLAIN

IN CASE OF EMERGENCY NOTIFY:

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP CODE _____
PHONE NUMBER(____) _____

APPLICATION VERIFICATION AND RELEASE/LEASE APPLICATION DEPOSIT APPLICANT VERIFIES THAT ALL INFORMATION IS TRUE AND COMPLETE AND I HEREBY AUTHORIZE ANY PERSON OR ENTITY IDENTIFIED BY ME TO FURNISH CRAVENS PROPERTIES AND/OR ITS REPRESENTATIVE(S) WITH ANY AND ALL REQUESTED INFORMATION WITHOUT RECOURSE. I ACKNOWLEDGE THAT FALSE INFORMATION PROVIDED BY ME MAY CONSTITUTE IN REJECTION OF THIS APPLICATION, TERMINATE ANY POTENTIAL RIGHTS TO OCCUPY THE PREMISES, AND MAY BE A CRIMINAL OFFENSE UNDER THE LAWS OF THIS STATE. I AGREE TO PAY VIRGINIA AVENUE PARTNERS OR CRAVENS PROPERTIES A NON-REFUNDABLE RENTAL APPLICATION FREE OF \$40.00.

I HEREBY DEPOSIT THE SUM OF \$ _____ AS FULL CONSIDERATION FOR THE FAITHFUL PERFORMANCE OF THE LEASE I INTEND TO SIGN. I UNDERSTAND THAT IF FOR ANY REASON I FAIL TO SIGN OR EXECUTE A LEASE FOR THE PREMISES HEREIN DESIGNATED UPON NOTIFICATION OF AVAILABLE/APPROVAL BY LANDLORD OR AGENT, THEN I AGREE THAT I WILL FORFEIT MY DEPOSIT AS LIQUIDATED DAMAGES IN FULL SATISFACTION FOR ALL MY LEGAL OBLIGATIONS AND LIABILITIES UNDER THIS AGREEMENT. I FURTHER UNDERSTAND THAT THE LANDLORD OR AGENT RESERVES THE RIGHT TO REFUSE OR REJECT MY APPLICATION AND REFUND MY DEPOSIT. I UNDERSTAND THAT LANDLORD OR AGENT ALLOWS ME 72 HOURS FROM THE TIME OF SUBMISSION OF THE APPLICATION TO RECEIVE MY DEPOSIT BACK IN FULL.

SIGNED: _____ DATE: _____