

# South Campus Apartments

## Rental Application

Deposit paid to reserve an apartment/house is refundable only after completion of lease contract. In the event of cancellation, deposit paid is non-refundable. \_\_\_\_\_ Initial \_\_\_\_\_  
Date \_\_\_\_\_

ID card                       Passport  
 Application fee        Deposit \_\_\_\_\_  
Apartment \_\_\_\_\_  
Move In \_\_\_\_\_

Full name: \_\_\_\_\_ Your Spouse name: \_\_\_\_\_

Your street address (on your ID card): \_\_\_\_\_ Spouse Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Spouse Social Security #: \_\_\_\_\_

Your Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: Male / Female Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sex: Male / Female Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Are you a U.S. citizen? Yes / No

Marital Status: Single / Married / Divorced / Widowed / Separated Spouse phone: \_\_\_\_\_

Are you a U.S. citizen? Yes / No Do you smoke? Yes / No Spouse Email address: \_\_\_\_\_

Will you have an animal? Yes / No What kind: \_\_\_\_\_ Present employer: \_\_\_\_\_

Dogs or cats are prohibited. Contact our officer if you will have other kinds Address: \_\_\_\_\_

Current home address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Gross Monthly income: \_\_\_\_\_

\_\_\_\_\_ Position: \_\_\_\_\_ Date started \_\_\_\_\_

Your phone: \_\_\_\_\_ Supervisor's name and phone: \_\_\_\_\_

Your Email address: \_\_\_\_\_ List all persons (under 18) who will occupy without signing the lease contract.

Name of apartment where you now live: \_\_\_\_\_ Name: \_\_\_\_\_

Current rent: \$ \_\_\_\_\_ Their phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date move in: \_\_\_\_\_ Date you will move out: \_\_\_\_\_ ID card # and state: \_\_\_\_\_

Why are you moving out: \_\_\_\_\_ Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous home address: \_\_\_\_\_ ID card # and state: \_\_\_\_\_

\_\_\_\_\_ Vehicles operated by you, your spouse, or any occupants.

Name of previous apartment where you lived: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Previous rent: \$ \_\_\_\_\_ Their phone: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Present employer: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact person over 18, who will not be living with you. We may allow the persons to enter your dwelling and mailbox if you die or are seriously ill, missing, or incarcerated.

Work Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Gross Monthly income: \_\_\_\_\_ Relationship: \_\_\_\_\_

Position: \_\_\_\_\_ Date started \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Position: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_

Date started and ended: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Previous supervisor's name and phone: \_\_\_\_\_

Have you/your spouse/occupants been evicted or ask to move out? Yes / No By signing below, I or we authorize South Campus Apartments to verify/share/obtain all available means regarding the information above, including credit history, criminal and/or public record.

Have you/your spouse/occupants been charged, detained, or arrested for a felony, misdemeanor, or sex-related crime? Yes / No If yes, please specify \_\_\_\_\_ Applicant's signature \_\_\_\_\_

\_\_\_\_\_ Spouse's signature \_\_\_\_\_