



APPLICATION FOR MALLARD COVE APARTMENTS

(Each occupant 18 years and older must fill out a separate application unless married)

APPLICANT #1

LAST: FIRST: MIDDLE:

Married Single Separated

Sex:

Social Security Number:

Birthday:

Email Address:

Cell Number:

APPLICANT #2

LAST: FIRST: MIDDLE:

Married Single Separated

Sex:

Social Security Number:

Birthday:

Email Address:

Cell Number:

Total Number of Occupants:

Adults: Children: Pets:

Occupants Under 18:

Full Name:

Birthday:

Sex:

Pet Information Pet Name:

Age: Type/Breed:

Weight:

Current Residence

Street:

City: State: Zip Code:

Home Phone:

Dates of Residency From: to

Rent \$

Apartment Complex Name/Management Company:

Community Telephone:

Previous Residence

Street:

City: State: Zip Code:

Home Phone:

Dates of Residency From: to

Rent \$

Apartment Complex Name/Management Company:

Community Telephone:

Emergency Contact

Name:

Street:

City: State: Zip Code:

Home/Cell Phone:

Relationship:

Applicant #1 Employer:

Company Name: _____
Supervisor: _____ Phone: _____
Date Employed: _____
Rank: _____ Rate _____ Position: _____
Salary per Month \$: _____
Ship Assignment (Military Only): _____
Complete Address: _____

Applicant #1 Employer:

Company Name: _____
Supervisor: _____ Phone: _____
Date Employed: _____
Rank _____ Rate _____ Position: _____
Salary per Month \$: _____
Ship Assignment (Military Only): _____
Complete Address: _____

Vehicle #1:

Year: _____ Make: _____ Model: _____ Color: _____
Tag Number: _____ State: _____

Vehicle #2:

Year: _____ Make: _____ Model: _____ Color: _____
Tag Number: _____ State: _____

Why are you leaving your present residence? _____
How did you learn of our apartments? _____
What attracted you to our apartments? _____
Have you ever had an eviction action filed against you? _____

Date possession desired? _____

Agreed rental amount: _____ Type Apt.: _____ Apt #: _____ Sec. Dep.: _____
Washer/Dryer? YES or NO (provided free of charge)

Applicant represents that all of the above statements are true and complete and hereby authorize verification of the above information, references, and credit reports. Applicant acknowledges that false information herein may constitute grounds of rejection of this application, termination of right of occupancy, and/or forfeiture of deposits, and may constitute a criminal offense under the laws of this state.

Applicant has deposited \$ _____ with the owner in consideration for owner's taking the dwelling unit off the market while considering approval of this application. \$ _____ of this amount is a non-refundable fee for costs and expenses in checking applicant's credit. The remaining \$ _____ will be applied toward the required security deposit if this application is approved; if this application is not approved, this remainder will be refunded in full to the applicant.

A DECISION MUST BE MADE WITHIN 48 HOURS OR DEPOSIT WILL BE FORFEITED.

Date: **Applicant/Co-Signer #1** **Applicant/Co-Signer #2**
Security Deposit refundable until: Date: _____ Time: _____ Initials: _____

APPLICATION ADDENDUM

The undersigned applicant(s) and co-signer(s) hereby consent to allow Otter Run Apartments ("owner"), itself or through its designated agents or employees to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment or house to me/us. We also agree and understand that owner, its agents and employees may obtain additional consumer reports and criminal reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumerreporting agency that provided such reports.

Applicant/or Co-signer: _____ Date: _____

Applicant/or Co-signer: _____ Date: _____