

LA CASA CONDO

APARTMENT: # 1402

DEPOSIT: \$ 100.00

APPLICATION FOR RESIDENCY

(Please Print Clearly)

RENTER

DATE: _____

(If the apartment is to be rented, the name of person signing the lease is on Line 1.)

NAME	FIRST	MIDDLE	LAST	SOC. SEC.#	PRESENT PHONE
(1)					

PRESENT ADDRESS	Street	Apt.#	CITY	STATE	ZIP CODE
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PRESENT (MOST RECENT LANDLORD/AGENT)	PHONE (Incl. Area)	HOW LONG?	REASON FOR LEAVING
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EMPLOYMENT INFORMATION (If retired, list previous occupation or profession)

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	PHONE
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POSITION HELD	HOW LONG EMPLOYED	SUPERVISOR
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LIST OF PERSONS RESIDING WITH YOU (each must be interviewed & approved by the Landlord/Owner.)

If/when changes occur, notify Manager and/or your Agent. Any additions must be interviewed & approved by Agent.

NAME	FIRST	MIDDLE	LAST	SOC. SEC.#	PRESENT PHONE
(2)					

EMPLOYER/COMPANY/FIRM	STREET	CITY	STATE	ZIP CODE	BUS. PHONE
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REFERENCES: (Local Preferred)

NAME	ADDRESS	CITY	STATE	OCCUPATION	PHONE
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VEHICLE/CAR (MAKE)	YEAR	MODEL	COLOR	LICENSE	STATE	STALL NO.
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EMERGENCY INFORMATION (Repeat name of occupant in same sequence as above.)

NAME OF OCCUPANT	PHYSICIAN	PHONE	HOSPITAL PREFERENCE	PHONE
(1)				

PERSONS TO NOTIFY: NAME	COMPLETE ADDRESS	PHONE: HOME	BUSINESS
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INCOME

Current Income \$ _____ Weekly/Monthly/Yearly Source _____

Current Income \$ _____ Weekly/Monthly/Yearly Source _____

CREDIT ACCOUNTS

Current (open) include Credit Card(s)	CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT	CURRENT
				\$ _____	[] Yes [] No
				\$ _____	[] Yes [] No

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I/we understand that occupancy is limited to those whose names are listed here/or on supplemental applications. The Rental Agent and/or the Landlord must approve all applicants prior to occupancy. Short-term guests must be registered with the resident manager prior to occupancy.

In case of illness or injury and an ambulance is needed, the Association (La Casa AOA) or a representative will not be held responsible for payment of this service.

The undersigned and all occupants are aware that there is a \$100.00 charge for any lost security key, which must be reported immediately to Resident Manager.

The undersigned has read and understands the House rules and agrees to abide by them. It is also acknowledged that any breach of these House Rules is grounds for immediate termination of all tenancy rights regardless of any written or verbal lease or rental agreement.

The undersigned completes this application with the knowledge that the apartment Agent/Landlord will rely on the accuracy hereof in acting on this application. If, upon investigation, anything of substance contained on this form is found to be untrue, it is understood that resident and residents, solely and jointly, will be subject to termination of all tenancy rights. This application is subject to approval and acceptance by the Rental Agent and/or Landlord.

The undersigned Applicant(s) authorizes the Rental Agent and/or Landlord to contact past and present landlords, employers, creditors, credit bureau, neighbours, and any other sources deemed necessary to investigate applicant(s).

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

THIS SECTION TO BE COMPLETED BY INTERVIEWER			
Credit Report: (Favorable/Unfavorable) By:	_____		
Landlords Contacted:	_____	References Contacted:	_____
		Employment Verified:	_____
Other Comments:	_____		
Initial Deposit:	_____	Security Deposit:	_____
		Monthly Rent	_____
Unit Applied For:	_____	Terms of Lease	_____
		Move-in-Date:	_____
		Lease Expires:	_____

APPROVAL

DISAPPROVAL

APPLICANT(S) SIGNATURE

_____ **Date:** _____

_____ **Date:** _____

Rental Agent: _____

Date: _____