

**WELCOME TO A  
Dunlap & Magee  
COMMUNITY**

**FOR OFFICE USE ONLY**

**Applicant**   **Co-Applicant**   **Co-Signer**  
**Approved**                      **Not Approved**

Thank you for choosing a property managed by Dunlap & Magee  
We appreciate you providing all of the following information in detail.

**Managers Signature:** \_\_\_\_\_

**RENTAL APPLICATION**

(Fill in all Spaces)

1. Applicant's Name \_\_\_\_\_

Married    Single    Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

3. Information about others who will occupy the apartment( a separate application is required for all adults except spouse):

	<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>
A)			
B)			
C)			

4. Will a pet of any type live in your apartment?    YES    NO (management must view pet prior to application approval.)

Name                      Breed                      Color                      Weight                      Licensed Date

5. Residence Information:    Address                      Apt#                      City/State                      Zip                      Amount of Rent

Current Residence: \_\_\_\_\_

From   /   /   to   /   /   Name of Landlord \_\_\_\_\_ Landlord Phone \_\_\_\_\_

If less than 2 years at present address list previous address below:

Address                      Apt#                      City/State                      Zip                      Amount of Rent

Former Residence: \_\_\_\_\_

From   /   /   to   /   /   Name of Landlord \_\_\_\_\_ Landlord Phone \_\_\_\_\_

6. Applicant Employed By \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From   /   /   to   /   /   Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

If less than 2 years at your present employer, list previous employer below:

Applicant Employed By \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From   /   /   to   /   /   Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

7. Spouse Employed By \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From   /   /   to   /   /   Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

If less than 2 years at your present employer, list previous employer below:

Applicant Employed By \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

From   /   /   to   /   /   Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

8. Other Source of Income for Rental Payment(SSI, pensions, AFDC, child support, etc.):

Type \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
 Verification Name \_\_\_\_\_ Verification Phone Number \_\_\_\_\_  
 Additional Information \_\_\_\_\_

Type \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
 Verification Name \_\_\_\_\_ Verification Phone Number \_\_\_\_\_  
 Additional Information \_\_\_\_\_

9. Your Bank(s) Name Acct. No. Branch Address  
 Checking \_\_\_\_\_  
 Savings \_\_\_\_\_

10. Credit Reference (Bank Cards, Credit Cards, Charge Accounts) Card/Account No. Expiration Date  
 Branch \_\_\_\_\_  
 Bank Guarantee Card \_\_\_\_\_  
 Other \_\_\_\_\_

11. Has a lender ever notified you that you were delinquent on a mortgage payment or given written notification by management that you were late with a rental payment? YES NO If yes, please explain:

12. Applicant's Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Spouse's Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Vehicles you would like to park on the property:  
 Make/Model Year Color License Number State  
 Auto \_\_\_\_\_  
 Auto \_\_\_\_\_  
 Motorcycle \_\_\_\_\_

Describe any other vehicle(boats, trailers, trucks, recreational vehicles, etc.) you would like to keep on the property. Prior written permission, separate from this application, must be obtained from management.  
 Make/Model Year Color License Number State

Other \_\_\_\_\_

13. Person(s) you want responsible for your personal property in the case of an emergency(other than co-applicants)

For Applicant		For Spouse	
Name		Name	
Relationship	Phone	Relationship	Phone
Address		Address	
City/State	Zip	City/State	Zip

14. Have you ever been convicted of a felony? YES NO If yes, please explain

**DEPOSIT TO HOLD AGREEMENT** (to be completed on one application per apartment only): In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$ \_\_\_\_\_ and a \$ \_\_\_\_\_ nonrefundable application fee. The holding deposit is refundable if my application is not approved (14 business days are required for processing deposit refund) payable to the party(s) completing this application. If my application is approved, the holding deposit is credited to the required move-in costs. I may cancel this agreement and be refunded my holding deposit if I notify you of my decision to cancel by \_\_\_\_\_ AM/PM on \_\_\_\_\_ 20 \_\_\_\_\_ (14 business days are required for processing deposit refund refund.) Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my "rent start date" of \_\_\_\_\_ 20 \_\_\_\_\_ or my holding deposit will be forfeited and the apartment re-rented.

Applicant represents that all of the above statements are true and complete and hereby authorizes verification of above information, reference and credit records. Applicant acknowledges that false information contained herein constitutes grounds for the rejection of this application if discovered before move-in. Applicant

