

Rental Application

Malls Olde English Village Apartments

Read and sign this Special Agreement:

A) The signing of a lease is discouraged unless the lessee intends to fulfill the terms of the lease.

B) A deposit is required at the time of application. If applicant is accepted and does not move in the TOTAL deposit will be forfeited.

C) If applicant is not approved, the deposit will be refunded in full.

Signature _____ Date _____

PLEASE PRINT *Notice: Co-Applicant, if not spouse, must complete a separate Rental Application.*

Date of Application: _____ **CURRENT PHONE NO** _____

If you are not a United States Citizen we will need copies of all of your international documentation!

Name _____ **Social Security No.** _____

First Middle Last

Date of Birth _____ **Drivers License No./State** _____ **Email** _____

Spouse's Name _____ **Social Security No.** _____

First Middle Last

Date of Birth _____ **Drivers License No./State** _____

Marital Status:

_____ **Single**

_____ **Married**

_____ **Divorced**

Do you or your Co-Applicant intend to have a pet? _____ **CAT or DOG**

(Note: Restrictions Apply)

(Please list below all persons who will be living in the apartment including co-applicants and children.)

Full Names of All Applicants & children	Relationship to You	Date of Birth/Age

PLEASE GIVE YOUR RESIDENCE HISTORY *(Beginning With the Most Current)*

Current Address: _____

Street City, State, Zip Dates From & To Monthly Payment

Present Landlord & Address: _____ **Phone #:** _____

Roommate(s) Name(s) _____ **Reason for Leaving** _____

Previous Address: _____

Street City, State, Zip Dates From & To Monthly Payment

Previous Landlord & Address: _____ **Phone #:** _____

Roommate(s) Name(s) _____ **Reason for Leaving** _____

Parents Name & Address: _____

(REQUIRED) Name Street City, State, Zip

_____ **Work Phone** _____ **Phone #:** _____

Country

HAVE YOU OR YOUR CO-APPLICANT(S) EVER: Been sued for non-payment of rent? _____No _____Yes

Been evicted or asked to move out? _____No _____Yes Broken a Rental Agreement or Lease? _____No _____Yes

Been sued for damage to rental property? _____No _____Yes Declared Bankruptcy? _____No _____Yes

CONTINUED OVER

EMPLOYMENT & STUDENT HISTORY

Your Status: ___ Employed Full Time ___ Employed Part Time ___ Student ___ Retired ___ Not Employed

Student Information: Where _____ Start Date _____ End Date _____

Student Loans/Scholarships: _____ Amount(s) _____

Employment Information:

Current Employer _____ Position _____

Address _____ Phone No. _____

Date Employed From _____ To _____ Gross Monthly Wages _____ Supervisor _____

Previous Employer _____ Position _____

Address _____ Phone No. _____

Date Employed From _____ To _____ Gross Monthly Wages _____ Supervisor _____

Other Income: Source _____ Total Monthly Amount _____

Bank Name _____ Checking ___ Savings ___ Address _____

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Major Credit Cards: _____

Number of cars YOU will have at this address (Including Company Cars): _____

_____	_____	_____	_____
Make	Color	Year	State
_____	_____	_____	_____
Make	Color	Year	State
_____	_____	_____	_____

_____	_____	_____	_____
Make	Color	Year	State
_____	_____	_____	_____
Make	Color	Year	State
_____	_____	_____	_____

TYPE OF UNIT DESIRED

Number of Bedrooms _____ Desired Move in Date _____ Floor Level (1st Choice) _____ (2nd Choice) _____

Number of Bathrooms _____ Desired Length of Lease _____ Fireplace: Y N Courtyard Y N

Remodeled Unit: Y N Carport: Y N Storage: Y N

What is the most important feature to you? _____

Other Comments: _____

How did you hear about us? _____

What made you decide to apply at Malls Olde English Village Apartments? _____

Authorization to Check Application:

*This application and the content thereof are represented, by me, to be accurate and complete. I understand that by signing the application, I am authorizing Malls Olde English Apartments to check my **credit, rental, & criminal** histories.*

Signature Date

Signature Date

FOR OFFICE USE ONLY

Date _____

Apt # _____ MI _____ Rent Amount _____

Bedrooms _____ Bathrooms _____ Floor _____

RM / URM CY _____ FP _____ CP _____ ST _____

LU _____ SUBLET _____ Roommate Add/Change _____

Sec. Dep. _____ Paid by Applicant _____

Co-Sign Req/Rec _____ / _____ Pet Fee/ Pd _____ / _____

Date Approved _____ Date Notified _____

TP _____ Notes: _____