

LEASE APPLICATION AND DEPOSIT RECEIPT

NOTE: Co-applicants except for spouse must complete a separate application form. PLEASE PRINT

1. NAME _____ Married _____ Single _____ Separated _____ Divorced _____
 2. DATE OF BIRTH: _____ PHONE # _____ SOC. SEC. # _____

3. LIST ALL OTHER PERSONS THAT WILL BE RESIDING IN THE APARTMENT:

Name: _____ D.O.B.: _____ SS #: _____ Relationship: _____
 Name: _____ D.O.B.: _____ SS #: _____ Relationship: _____
 Name: _____ D.O.B.: _____ SS #: _____ Relationship: _____
 Name: _____ D.O.B.: _____ SS #: _____ Relationship: _____
 Name: _____ D.O.B.: _____ SS #: _____ Relationship: _____
 Name: _____ D.O.B.: _____ SS #: _____ Relationship: _____
 Name: _____ D.O.B.: _____ SS #: _____ Relationship: _____

4. Have you, or **ANYONE** (regardless of age) who will be residing with you:

- a. **Ever** been arrested, cited, prosecuted, plead guilty to, or been convicted of a crime? Yes No
- b. **Ever** been placed on probation, parole, or effected by the Megan Laws? Yes No
- c. **Ever** been or currently are a member of a gang? Yes No
- d. **Ever** had a or currently have a warrant for your/their arrest? Yes No
- e. **Ever** been or currently are involved in **ANY** criminal activity? Yes No
- f. **Ever** applied for residency or lived at a community managed by **Centurion Management Company**? Yes No
- g. **Ever** been evicted or had a forcible detainer filed against you? Yes No
- h. **Ever** moved to avoid eviction or because of problems with other tenants or a landlord? Yes No

Explain **ALL** "Yes" answers IN DETAIL: _____

5. Will you have a waterbed? Yes No Do you have any musical instruments? Yes No
 6. Will a pet of any kind live in the Apartment? _____ If yes, please describe: Type of Pet _____
 Weight _____ lbs. Spayed/Neutered Yes No License # _____ Expires: _____

7. If children are to reside in the Apartment, what arrangements will you make to insure constant adult supervision? _____

8. Your DRIVER LICENSE # _____ STATE _____ EXP. DATE: _____
 Spouse's DRIVER LICENSE # _____ STATE _____ EXP. DATE: _____

9. VEHICLES you would like to park on the property:

AUTO Make _____ Yr. _____ Color _____ Tag # _____ State _____
 AUTO Make _____ Yr. _____ Color _____ Tag # _____ State _____
 MOTORCYCLE Make _____ Yr. _____ Color _____ Tag # _____ State _____

Description of any other vehicle (boats, trucks, trailers, recreational vehicles, etc.) you would like to keep on the property.

Prior written permission, separate from this application must be obtained from management.

Make _____ Yr. _____ Color _____ Tag # _____ State _____
 10. CURRENT EMPLOYER: _____ ADDRESS: _____ Hire Date _____ Supervisor: _____ ZIP: _____
 Phone _____ Position: _____ Hire Date _____ Supervisor: _____

Gross Income \$ _____ (circle one) Hourly Weekly Bi-Weekly Monthly Yearly
 11. PREVIOUS EMPLOYER: _____ ADDRESS: _____ ZIP: _____
 Phone _____ Position: _____ Hire Date _____ Last Date Worked: _____ Supervisor: _____

12. SPOUSE'S EMPLOYER: _____ ADDRESS: _____ ZIP: _____
 Phone _____ Position: _____ Hire Date _____ Supervisor: _____

Gross Income \$ _____ (circle one) Hourly Weekly Bi-Weekly Monthly Yearly
 13. PREVIOUS EMPLOYER: _____ ADDRESS: _____ ZIP: _____
 Phone _____ Position: _____ Hire Date _____ Last Date Worked: _____ Supervisor: _____

14. OTHER SOURCES OF INCOME: ANNUAL AMOUNT CONTACT ADDRESS/PHONE
 TYPE OF INCOME _____
 a) _____
 b) _____

15. RESIDENCE HISTORY:
 Current Address _____ Apt. # _____ City _____ State _____ Zip _____
 Monthly Payment: \$ _____ Length of Occupancy _____ Lease Expires _____
 Community Name, Landlord or Mortgage Holder _____ Phone # _____
 Reason for Moving? _____

Previous Address _____ Apt. # _____ City _____ State _____ Zip _____
 Community Name, Landlord or Mortgage Holder _____ Phone # _____
 Move-In Date _____ Move-Out Date _____

16. Have you ever been notified by a lender that you were delinquent on a mortgage payment or given written notification by management that you were late with rental payment? Yes No If yes, please explain: _____
 17. Your Bank(s): NAME _____ ACCT. # _____ BRANCH LOCATION/ADDRESS _____
 CHECKING _____

SAVINGS _____
 18. CREDIT REFERENCES (Bank Cards, Credit Cards, Charge Accts., Auto Loans) _____ CARD/ACCT. # _____
 TYPE _____ HOST BANK/STORE/COMPANY _____
 a) _____
 b) _____

19. Person(s) to notify and person you want responsible for your personal property in case of emergency (other than co-resident).
FOR APPLICANT _____
FOR SPOUSE _____

NAME _____ NAME _____
 ADDRESS _____ ADDRESS _____
 CITY/STATE _____ CITY/STATE _____
 PHONE # _____ PHONE # _____
 RELATIONSHIP _____ RELATIONSHIP _____

DEPOSIT TO HOLD AGREEMENT
 In consideration of management reserving the apartment for me, I agree to pay a holding deposit of \$ _____. This holding deposit will be applied to my security deposit upon move in. If I cancel this agreement after 5:00 p.m. on _____, 200____, I will forfeit this deposit. I must pay rent on or before my "move-in date" or my deposit will be forfeited and the apartment re-rented. There will be a \$31 fee for any returned check.

LEASE AGREEMENT INFORMATION
 Apt. # _____ Type _____ Agreement Length _____ Parking Space _____ MOVE-IN DATE _____ Traffic Source _____
 BASIC RENT \$ _____ SECURITY DEPOSIT \$ _____
 PET RENT \$ _____ (total amount before crediting deposit to hold)
 PARKING RENT \$ _____
 OTHER RENT \$ _____ NON-REFUNDABLE REDECORATING CHARGE \$ _____
 SUBTOTAL \$ _____ NON-REFUNDABLE PET \$ _____
 TAX (varies by city) \$ _____ SANITIZE CHARGE \$ _____
 TOTAL \$ _____ MOVE-IN SPECIAL \$ _____
 *Does Not Apply to Assistive Animals

AMOUNT DUE AT MOVE-IN (in the form of a money order) \$ _____
 Initial _____
 Upon denial of an application, applicant understands that they may not re-apply with any Centurion Managed community for a period of 90 days. Applicant represents that all of the above statements are true and complete, and authorizes management to verify. Falsification of information on application results in forfeiture of Deposit to Hold and constitutes grounds for rejection of this application or eviction from the premises. Management reserves the right to verify application information after move-in and may convert the proposed rental agreement to a month-to-month term if false or misleading information is contained herein.
 I authorize all persons or firms named or unnamed in this application to freely provide any and all requested information concerning me and hereby waive all right of action for any consequence resulting from such information and/or the providing thereof.
 Applicant agrees to the terms of the "Deposit to Hold Agreement."
 Applicant must bring in utility receipt verifying that utilities are in his/her name on the move-in date.
 Applicant understands that the amount due at move-in is just an estimate, and may change depending upon the information obtained at the time the application is verified.
 Applicant realizes that the application fee of \$ _____ is a non-refundable processing fee even if the application is not approved.

APPLICANT'S SIGNATURE _____ AGENT OF MANAGEMENT _____
 DATE _____ DATE _____
 SPOUSE'S SIGNATURE _____ PROPERTY _____
 DATE _____

APPLICANT: Driver License Verified? Yes No
 Spouse: Driver License Verified? Yes No
 APPLICATION CHECK - OFFICE USE ONLY
 Social Security # Verified? Yes No
 Social Security # Verified? Yes No