



### RENT APPLICATION

<b>FOR MANAGEMENT TO COMPLETE</b>			Res ID: _____
Building: _____	Apt: _____	Date (mm/dd/yy): ____/____/____	Preferred Move in Date (mm/dd/yy): ____/____/____

**APPLICANT INFORMATION**

First Name: _____	MI: _____	Last Name: _____
E-mail address: _____	Cell Phone: _____	
Drivers License No.: _____	Social Security or Passport No.: _____	
Applicant Birth Date (mm/dd/yy): ____/____/____	Are you a Smoker? (Y / N) _____	
Car Make: _____	Car Model: _____	
Car License Plate: _____	Car License State: _____	
Employer Name: _____	Supervisor Name: _____	
Job Description: _____	Supervisor Phone: _____	
Income Per Month: _____		

**WHERE I CAN RECEIVE MAIL IN THE FUTURE (permanent address)**

Primary Contact: _____	Phone: _____
Street: _____	City: _____
State: _____	Zip: _____

**WHERE I AM LIVING NOW**

Name of Residence: _____	Landlord Phone: _____
Street: _____	City: _____
Phone: _____	State: _____
No. months living at this address: _____	Zip: _____
	Reason for moving: _____

**WHERE MY RENT MONEY COMES FROM (%)**

Work: \_\_\_\_\_% Relatives: \_\_\_\_\_% Other: \_\_\_\_\_%

**I HAVE BEEN**

Accused of non-payment of rent? (Y/N): \_\_\_\_\_ Arrested (Y/N): \_\_\_\_\_

**MY ROOMMATES WILL BE:**

1 <sup>st</sup> Roommate Name: _____	I am intending to take the place of an existing resident (Y/N): _____
2 <sup>nd</sup> Roommate Name: _____	If yes, name of existing resident: _____
3 <sup>rd</sup> Roommate Name: _____	HOW I LEARNED ABOUT ELMWOOD _____
4 <sup>th</sup> Roommate Name: _____	_____

**MATTRESS: I want to purchase twin set mattress @ \$200 / set Quantity \_\_\_\_\_ \$Total \_\_\_\_\_ (non refundable)**

*Applicant affirms that the above information is true and correct. Applicant understands that this application does not obligate owner or management to enter a rental agreement and that a rental agreement is achieved when applicant and management have signed a properly completed Elmwood Properties lease form. Applicant agrees that any deposit paid shall be forfeited to Elmwood Properties in the event that applicant does not occupy apartment or pay rent due according to the lease agreement.*

**APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**MAKE DAMAGE DEPOSIT PAYABLE TO: CRJ PROPERTIES**

<b>FOR MANAGEMENT TO COMPLETE</b>	
Received security deposit in the amount of \$: _____	Check No.: _____
Check Date (mm/dd/yy): ____/____/____	
Name of damage deposit payor: _____	
Comments: _____	
Management signature: _____	Date (mm/dd/yy): ____/____/____

**THANK YOU! WE LOOK FORWARD TO HAVING YOU HERE!**