



Online Rental Application

Thank you for your application. Please help us to promptly process this application by completing all of the required information.

Please note - fields marked with "*" are required and must be completed in order for us to process your application.

* **Date of Application**

* **Move-In Date**

Community

Springford

of Rooms

How did you hear about us?

Personal Information

Applicant

Marital Status

Email

- required

Co-Applicant

Residence History

Current Address

Current Phone

Cell Phone

Current Landlord

Landlord's Phone

Landlord's Address

**Time at Current
Address**

Rent

Reason for Leaving

Previous Address
(if less than 1 year)

Rent

Do You Own a Pet?

Age of Pet(s)

Type of Pet(s)

Height/Weight

Employment History

Employer

Supervisor

Employer's Address

Employer's Phone

Length of Employment

Position

Annual Income

Previous Employer
(if less than 1 year)

Length of Employment

Co-Applicant Information

Co-Applicant

Marital Status

Employer

Supervisor

Employer's Address

Employer's Phone

Length of Employment

Position

Annual Income

Previous Employer
(if less than 1 year)

Length of Employment

Additional Income

Please list any other income

Credit Information

Bank Name

Bank Address

Checking Account #

Savings Account #

Resident Information

Resident Name	Social Security	Date of Birth	M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

Total # of Vehicles

Make/Model	Year	Color	Tag No./State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Car, Motorcycle, etc.

Emergency Information

Emergency Contact	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>

Authorization

Please read carefully before signing

With your submission, you authorize management to verify any information on the application and will, upon request, sign all necessary releases/waivers in order to allow management to obtain such verifications. In addition, you authorize management to obtain a consumer credit report. A credit check will appear on your consumer credit report as an inquiry. It is important that the information be accurate and complete. By submitting this application, you represent and warrant the accuracy of the information.

I Authorize

At time of application, Applicant deposits with above property the sum of \$100.00. Applicant agrees that if he/she cancels this application or refuses to enter into a lease agreement, he/she will forfeit the deposit as liquidated damages. If applicant enters into a lease agreement, this deposit will be applied to the security deposit. If Applicants rental application is rejected the deposit will be refunded.

Applicant must obtain renters insurance prior to move in.

Applicant will pay his/her total security deposit and sign the lease within two weeks from the date this application is approved.



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