

Brentwood Square Management Services, Inc.

Date _____

Residential Application

ADDRESS: _____ CONDO INFORMATION: _____

(In order for us to process your application quickly, all questions must be answered.)

APPLICANT'S NAME _____ BIRTHDATE _____
NO INITIALS PLEASE, INCLUDE MAIDEN NAME MO. DAY YEAR

SOCIAL SECURITY NO. _____ - _____ - _____ MARRIED SINGLE DIVORCED SEPARATED

SPOUSE'S NAME _____ BIRTHDATE _____
NO INITIALS PLEASE, INCLUDE MAIDEN NAME MO. DAY YEAR

SOCIAL SECURITY NO. _____ - _____ - _____
Email Address: _____
HOME TELEPHONE NO. _____

NAMES, DATES OF BIRTH AND RELATIONSHIP OF ANYONE ELSE WHO WILL OCCUPY THE PROPERTY

Name _____ Date of Birth _____ Relationship to Applicant _____

PRESENT ADDRESS _____ HOW LONG _____
YRS. MOS.

CITY & STATE _____ ZIP CODE _____

REASON FOR MOVING _____

LANDLORD'S NAME _____ TELEPHONE NO. _____
NO INITIALS PLEASE

PREVIOUS ADDRESS _____ LANDLORD'S NAME & PHONE _____

EMPLOYER - APPLICANT'S _____ SUPERVISOR _____

EMPLOYER'S ADDRESS _____ TELEPHONE NO. _____

POSITION HELD _____ HOW LONG _____ SALARY \$ _____ PER WK. MO. YR.
YRS. MOS.

EMPLOYER - SPOUSE'S _____ SUPERVISOR _____

EMPLOYER'S ADDRESS _____ TELEPHONE NO. _____

POSITION HELD _____ HOW LONG _____ SALARY \$ _____ PER WK. MO. YR.
YRS. MOS.

PREVIOUS EMPLOYER _____

PET(S) NUMBER _____ TYPE(S) _____ WEIGHT(S) _____ AGE(S) _____ HOUSEBROKEN NO YES

BANKING INFORMATION:

BANK _____ Savings () Checking () Account number(s) _____

VEHICLES - WE DO NOT ALLOW VEHICLES WITHOUT WRITTEN PERMISSION. VEHICLES NOT APPROVED IN WRITING MAY BE TOWED AWAY AT OWNER'S EXPENSE.

MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____ STATE _____

MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____ STATE _____

DRIVER'S LICENSE NO. APPLICANT _____ STATE _____ DRIVER'S LICENSE NO. SPOUSE _____ STATE _____

HAS APPLICANT, SPOUSE, OR ANY OTHER PROPOSED RESIDENT EVER:

- FILED FOR BANKRUPTCY? NO YES
- BEEN EVICTED FROM TENANCY? NO YES
- WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? NO YES
- HAD A CRIMINAL RECORD? NO YES

IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE NOTIFY:

NAME: _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NUMBER _____

DOCTOR _____ HOSPITAL _____ TELEPHONE NO. _____

REMARKS _____

The following sum of \$ _____ is applied as a deposit on the premises know as _____ Brentwood Square and represents the total deposit by all co-applicants, if any. Said deposit shall be kept in an escrow account at Pinnacle Bank. In event this application is not accepted by Landlord, the deposit will be returned. The applicant shall forfeit said deposit as liquidated damages upon his cancellation of this application. Applicant hereby authorizes Landlord to check whatever sources Landlord may deem necessary to approve this application, authorizes the investigation of all statements contained in this application, certifies that all facts are true. I hereby authorize landlord/agent to verify the validity of all the above information, and to inquire now or periodically with my employers, financial institutions, and any of the credit reporting bureaus available to him. I agree to supply any additional information needed by owner/agent to process this application and I acknowledge that my deposit will be forfeit if I do not comply with any such request. It is understood that any misrepresentation or omission is cause for Landlord to reject application and/or terminate any lease resulting from acceptance of this application.

Applicant's Signature

Applicant's Signature