

OFFICE USE ONLY	PROPERTY:	
	APARTMENT & TYPE:	
	MONTHLY RENT:	
	PROPOSED LEASE DATES:	
	TERM (MONTHS):	

UNIVERSITY CITY HOUSING RENTAL APPLICATION

- 1) A non-refundable application fee of \$40 per initial applicant, plus \$30 for every subsequent applicant, is required when an application is submitted. All individuals age 18 or over that intend to reside in the property must apply.
- 2) The applicant must provide his/her government issued photo ID before a showing.
- 3) The applicant must complete the application in full. Put N/A in any areas that do not apply.
- 4) Minimum of seven (7) years of residential history and seven (7) years of employment history required.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- 5) A "hold deposit" of \$250 must be paid in full to hold a rental unit. A hold deposit is non-refundable after three (3) business days. NO APARTMENT WILL BE HELD WITHOUT A DEPOSIT.
- 6) The fully completed application and all supporting documentation must be submitted within three (3) days of a hold deposit being placed on an apartment, or the deposit may be returned and apartment may be placed on the market.
- 7) The lease must be signed within 3 days of approval, or the hold deposit may be forfeited and apartment may be placed back on the market.

APPLICANT:

Legal Name:		Preferred Name or Nickname:		Date of Birth:	
Email:		Cell Phone:		Social Security #:	
Street Address:					Dates:
City:	State:	Zip:	Rent or Own? <input type="checkbox"/> RENT <input type="checkbox"/> OWN	Monthly Payment:	With Roommates/Relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO
Landlord/Mortgage Holder:				Phone:	

All individuals to occupy apartment (over the age of 18):

Full Name:	Full Name:
Full Name:	Full Name:

More listed on separate page

PROPERTY:	APARTMENT #:	# BEDROOMS/BATHROOMS:	PROPOSED MOVE-IN DATE	APPLICATION FEE:
HOLD DEPOSIT COLLECTED:	DATE PAID:	APP DUE DATE:	FORFEITURE DATE:	

It is understood and agreed that any and all withdrawals of this application must be done in writing and must be received by this office on or before the FORFEITURE DATE, or I will forfeit the HOLD DEPOSIT COLLECTED and University City Housing shall keep said deposit. It is also understood that if University City Housing does not receive a fully completed application and all appropriate paperwork from *all applicants* by APP DUE DATE, University City Housing has the right to place the APARTMENT back on the market for rental and HOLD DEPOSIT COLLECTED will be refunded. If my application is rejected for any reason, the HOLD DEPOSIT COLLECTED will be refunded to me in its entirety. Otherwise, this money will become a credit towards any of the advance rent or deposits to be paid prior to taking occupancy of APARTMENT.

Applicant Signature

Date

Agent for University City Housing Company

Date

PREVIOUS ADDRESSES (7 YEARS):

Previous Address (1):

Street Address:					Dates: _____ to _____	
City:	State:	Zip:	Rent or Own? <input type="checkbox"/> RENT <input type="checkbox"/> OWN	Monthly Payment:	With R-mates/Relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Landlord/Mortgage Holder:				Phone:		

Previous Address (2):

Street Address:					Dates: _____ to _____	
City:	State:	Zip:	Rent or Own? <input type="checkbox"/> RENT <input type="checkbox"/> OWN	Monthly Payment:	With R-mates/Relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Landlord/Mortgage Holder:				Phone:		

Previous Address (3):

Street Address:					Dates: _____ to _____	
City:	State:	Zip:	Rent or Own? <input type="checkbox"/> RENT <input type="checkbox"/> OWN	Monthly Payment:	With R-mates/Relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Landlord/Mortgage Holder:				Phone:		

More listed on separate page

EMPLOYMENT/SOURCE OF INCOME (7 YEARS):

Employer:			Phone:		Dates: _____ to _____	
Title:	Supervisor:		Income: <input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Yrly			
Address:		City:	State:	Zip:		

Previous Employer/Source of Income Additional Current Employer/Source of Income

Employer:			Phone:		Dates: _____ to _____	
Title:	Supervisor:		Income: <input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Yrly			
Address:		City:	State:	Zip:		

Previous Employer/Source of Income Additional Current Employer/Source of Income

Employer:			Phone:		Dates: _____ to _____	
Title:	Supervisor:		Income: <input type="checkbox"/> Wkly <input type="checkbox"/> Mthly <input type="checkbox"/> Yrly			
Address:		City:	State:	Zip:		

More listed on separate page

TOTAL INCOME: WEEKLY MONTHLY YEARLY \$ _____

EDUCATIONAL INFORMATION:

School Attending/Attended: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Degree:	Graduation Date:
Prior School: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Degree:	Graduation Date:

More listed on separate page

PERSONAL INFORMATION:

Have you ever been convicted or pleaded guilty or "no contest" to a felony (whether or not resulting in conviction)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in conviction)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any outstanding judgments or any overdue or unpaid bills or loans?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been evicted for non-payment of rent or otherwise failed to meet your lease obligations?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a co-maker or endorser on a note?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever declared Bankruptcy?
Have you ever refused to pay rent for any reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever suffered Foreclosure?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain any "YES" answers and/or any credit difficulties:

GENERAL/ADDITIONAL INFORMATION:

Vehicle Make/Model/Year:		Color:	License Plate:
Driver's License Number:	State:	Other Vehicles?	
Nearest Relative NOT living with Applicant:		Phone:	Relationship:
Address:	City:	State:	Zip:

WILL YOU BE BRINGING A PET WITH YOU? YES (please complete the section below) NO

Type:	Breed:	Weight:	Age:	Color/Characteristics:
-------	--------	---------	------	------------------------

HOW DID YOU HEAR ABOUT US? *If from a current resident please put their information below so we may thank them.*

Source/Referral Full Name:	Referral Property:	Referral Apartment:
----------------------------	--------------------	---------------------

I CERTIFY THAT the above information supplied is true and complete to the best of my knowledge. It is agreed that this application may be rejected without further review if landlord discovers any missing or inaccurate information, and I acknowledge that if false or incomplete information has been presented it may result in forfeiture of any payments made in connection with this application and/or future lease termination. I authorize verification of all information given and understand that University City Housing and its agents may obtain additional information including, but not limited to, verification of income, employment, residences, credit history, criminal history, bank accounts and personal references. I ALSO SPECIFICALLY AUTHORIZE third party disclosure and University City Housing and its agents' receipt of any other information which may be relevant to this application.

Applicant Signature

Date

Print First Name, Middle Initial, Last Name

Current Street Address

Social Security Number

Current City, State, Zip

Agent for University City Housing Company

Date