

# Park Wood Apartments

## APPLICATION TO RENT OR LEASE

Unit Address/Unit Type \_\_\_\_\_ Move-in Date \_\_\_\_\_ Rental Rate \_\_\_\_\_

### APPLICANT INFORMATION (All sections must be completed)

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other name used in the last 10 years				Work Phone		Home Phone Number (      )	
Date of Birth		E-mail Address				Mobile/Cell Phone Number (      )	
		Email Communication: <input type="checkbox"/> Opt-in <input type="checkbox"/> Opt-out					
Photo ID/Type	Number			Issuing government/Entity			Exp. Date
Will you have pets? (Pets require our consent) <b>YES or NO</b>		How many?	Type(s)		Breed:	Weight:	Age:

### OTHER OCCUPANTS (Individual applications required from each occupant 18 years of age or older)

Full Name		Date of Birth		Full Name		Date of Birth	
Full Name		Date of Birth		Full Name		Date of Birth	

### RENTAL/MORTGAGE HISTORY (2 years history required)

1.	Current address					City		State		Zip	
	Move in Date			Owner/Agent/Mgmt Name			Owner/Agent/Mgmt phone number (      )				
	Reason for moving						Current Rent/Mortgage \$                      /month				
2.	Previous address					City		State		Zip	
	Date in		Date out		Owner/Agent/Mgmt Name			Owner/Agent/Mgmt phone number (      )			
	Reason for moving						Rent/Mortgage \$                      /month				
3.	Previous address					City		State		Zip	
	Date in		Date out		Owner/Agent/Mgmt Name			Owner/Agent/Mgmt phone number (      )			
	Reason for moving						Rent/Mortgage \$                      /month				

### EMPLOYMENT

Status    Full/Time <input type="checkbox"/> Part/Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/>							
A.	Present Occupation / Position					Employer name	
	Date of employment			Employer phone number (      )		Employer address	
	Supervisor or HR Contact					City, State, Zip	
Current gross income (monthly) \$			List additional verifiable income/assets you want considered: Source/Bank: _____ Amount per month: _____				



**CREDIT REFERENCES**

Name of your bank	Branch or address	Saving/Checking Account Number

**PERSON TO NOTIFY IN CASE OF EMERGENCY (Cannot be someone who intends to reside in the premises)**

Full Name:	Phone (     )
Address: Street, City, State, Zip	Relationship

FILED FOR BANKRUPTCY?	[Yes / No]	Date:	If Yes, date of DISCHARGE:
BROKEN A RENTAL AGREEMENT OR LEASE?	[Yes / No]	Date:	If Yes, EXPLAIN:
BEEN EVICTED OR ASKED TO MOVE OUT?	[Yes / No]	Date:	
BEEN SUED FOR NON PAYMENT OF RENT?	[Yes / No]	Date:	
FORECLOSURE OR SHORT SALE?	[Yes / No]	Date:	
BEEN SUED FOR DAMAGE OF A RENTAL?	[Yes / No]	Date:	

**NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT**

Management intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living. Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish proper identification, as follows: (1) You may appear at the investigative consumer reporting agency identified below in person, (2) you may make a written request for copies to be sent by certified mail to a specific addressee, or (3) you may make a written request for a summary of the file to be provided over the telephone. The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file. The agency is required to have personnel available to explain your file to you, and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. If you are accompanied by a person of your choosing, the agency may require a written statement granting permission to the investigative consumer reporting agency to discuss your file in the other person's presence. The agency that will prepare the report(s) identified in this section is listed below:

LeasingDesk Screening  
2201 Lakeside Blvd. Richardson, Texas

If you would like a copy of the report(s) that is/are prepared, please check the box below:

I would like to receive a copy of the report(s) that is/are prepared

If the box above is checked, Management agrees to send the report to Applicant within three (3) business days of the date the report is provided to Management. Management may contract with another entity to send a copy of the report.

Applicant represents that all of the above statements are true and correct and any information contained in the Application which is false, misleading, or inaccurate shall be cause for rejection of the Application. Applicant hereby authorizes verification of the above items including, but not limited to, the obtaining of reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history and agrees to furnish additional credit references upon request. Applicant consents to allow Management to disclose tenancy information to previous or subsequent Owners/Agents. The undersigned hereby offers to rent premises on terms and conditions described herein. THE UNDERSIGNED APPLICANT REPRESENTS THAT HE/SHE AND THE OTHER LISTED OCCUPANTS ARE THE ONLY INTENDED OCCUPANTS OF SUBJECT PREMISES. IF THIS APPLICATION IS NOT APPROVED AND ACCEPTED BY MANAGEMENT, THE DEPOSIT WILL BE REFUNDED; HOWEVER, THE APPLICATION FEE IS NON REFUNDABLE. THE APPLICANT HEREBY WAIVES ANY CLAIM FOR DAMAGES BY REASON OF NON-ACCEPTANCE WHICH MANAGEMENT MAY REJECT. Upon acceptance and before taking occupancy, Applicant agrees to pay balance due (listed on the Holding Agreement) and to execute the Rental Agreement.

\_\_\_\_\_  
*Applicant (signature required)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Received*

\_\_\_\_\_  
*Date*

#### **CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY**

The California Apartment Association supports the spirit and intent of all local, state, and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering".
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.