

RENTAL APPLICATION for ANDERSON PLACE APARTMENTS
Managed By: The Abrams Management Company, Inc.

APPLICANT INFORMATION

Full Name: _____

Social Security #: _____ Initial if over 18 years of age _____

Occupation: _____ Gross Annual Income: _____

Phone #: _____ Email Address: _____

List others to reside in apartment:

1. _____

2. _____

Present Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender Name: _____

Street _____

City: _____ State: _____ Phone: _____

Previous Address: *(If you were in school, please provide that information instead)*

Street: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____

City: _____ State: _____ Phone: _____

Current Employer or Income Source:

(Required Document: Most recent paystub or if self-employed please attach most recent W-2, or 1099 tax document)

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Dates: _____

Position: _____ Annual Salary: _____

Previous Employer of Income Source: *(If you were in school, please provide that information instead)*

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Dates: _____

Position: _____ Annual Salary: _____

Other source of Income:

Type of Income	Source/Bank	Gross Annual Amount
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1. _____	_____	_____
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2. _____	_____	_____
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Credit References:

1. Card Name: _____ 800 Tel # on back of card: _____
2. Card Name: _____ 800 Tel # on back of card: _____

Banking/Investment References:

3. Name & Address of Institution: _____
Account type: _____ Present Balance: \$ _____
4. Name & Address of Institution: _____
Account type: _____ Present Balance: \$ _____

Relatives/Emergency Contact (Not residing with you)

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____

Base rent and other monthly charges are due and payable on the first day of each month in advance.
Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

Apartment Address: _____
Lease Start Date: _____ Preferred Lease End Date: _____
Base Rent Per Month _____
Security Deposit _____
Bal. Due Upon Acceptance _____
Special Requests, Terms or Conditions: _____

***** A copy of your driver's license (or State issued ID) is required with this application *****

Applicants Signature: _____ Date: _____

**** APPLICANT PLEASE REMEMBER TO SIGN AND COMPLETE ENTIRE APPLICATION ****

