

FOR OFFICE USE ONLY:

- RENTS RECEIVED
- RETURNS



Willow Creek in Richfield



Please read carefully each paragraph of this agreement. There is no fine print or deceptive language. \* We want you to have a clear understanding of what is offered to you and what is expected of you. \* We will verify answers on the rental application so that we may give other residents reasonable assurance of good neighbors. \*We hope you see the benefits of this policy once you become one of our residents. \*We respect your right for confidentiality in giving us this information and for privacy in living in your apartment. \*We will do our best to make your residency enjoyable and a pleasant experience. \*\*Thank you for your application.

(Fill in all spaces) **RENTAL APPLICATION** Enter X in appropriate box

**1 Applicant's Name:** \_\_\_\_\_ **Married:**  **Single:**

**Date of Birth** \_\_\_\_\_ **Present Phone #** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

**Physical Description:** **HT:** \_\_\_\_\_ **WT:** \_\_\_\_\_ **EYES:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_

**Applicant's State Driver's License No. or I.D. Type:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

Enter ✓ in appropriate box

**2 Spouse's Name:** \_\_\_\_\_ **Married:**  **Single:**

**Date of Birth** \_\_\_\_\_ **Present Phone #** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

**Physical Description:** **HT:** \_\_\_\_\_ **WT:** \_\_\_\_\_ **EYES:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_

**Applicant's State Driver's License No. or I.D. Type:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**3 Information about others who will occupy the apartment (Application required for all persons over the age of 18.)**

Name	Relationship	Date of Birth
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____

**4 Any Smokers :** NO  YES  **Pet of any kind?** NO  YES  **What kind?** \_\_\_\_\_

**5 Current Address:**

Street:	City:	State:	Zip:	Rent:
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**From:** / / **to** / / **/Name of Landlord** \_\_\_\_\_ **Landlord Phone #** \_\_\_\_\_

**Reason for moving?** \_\_\_\_\_

**If less than four years at your present address, list previous addresses below:**

**Previous Address:**

Street:	City:	State:	Zip:	Rent:
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**From:** / / **to** / / **/Name of Landlord** \_\_\_\_\_ **Landlord Phone #** \_\_\_\_\_

**Reason for moving?** \_\_\_\_\_

**Previous Address:**

Street:	City:	State:	Zip:	Rent:
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**From:** / / **to** / / **/Name of Landlord** \_\_\_\_\_ **Landlord Phone #** \_\_\_\_\_

**Reason for moving?** \_\_\_\_\_

	Street	City	State	Zip
<b>6 Applicant Employed by:</b> Address: _____				
From: / / to / / Phone: _____	Position: _____			
Supervisor's Name: _____	Gross Monthly Income: \$ _____			
<b>Former Employer:</b> Address: _____				
From: / / to / / Phone: _____	Position: _____			
Supervisor's Name: _____	Gross Monthly Income: \$ _____			
<b>7 Spouse Employed By:</b> Address: _____				
From: / / to / / Phone: _____	Position: _____			
Supervisor's Name: _____	Gross Monthly Income: \$ _____			
If less than two years at your present employment, list previous employers below:				
<b>Former Employer</b> Address: _____				
From: / / to / / Phone: _____	Position: _____			
Supervisor's Name: _____	Gross Monthly Income: \$ _____			
<b>8 Your Bank's Name:</b> _____				
<b>9</b> Did you ever have a late payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain: _____				
<b>11 Vehicles you would like to park on property:</b>				
Year	Make/Model	License #	State	Color
Auto	_____	_____	_____	_____
Auto	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____
Vehicle such as (boats, trailer, trucks over 9,000 lbs gross weight, recreational vehicles, etc.) are not stored or permitted on property.				
<b>12 Person(s) you want responsible for your personal property in case of emergency (other than Co-Applicant)</b>				
For Applicant		For Spouse		
Name: _____	_____	Name: _____	_____	_____
Address: _____	_____	Address: _____	_____	_____
Relationship: _____	Phone: _____	Relationship: _____	Phone: _____	_____
City/State: _____	Zip: _____	City/State: _____	Zip: _____	_____
<b>13</b> criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				
<b>14</b> Have you or your spouse (roommate) been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>15</b> Do you or your spouse (roommate) use illegal drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>16</b> Do you or your spouse (roommate) now, or have you in the past, engaged in the sale or distribution of illegal or controlled substances? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>17</b> Have you or your spouse (roommate) been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>18</b> Do you or your spouse (roommate) engage in activity with a gang or have any gang affiliations? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>19</b> Do you or your spouse (roommate) have any pending criminal, misdemeanor, or civil cases? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>20</b> Are you or your spouse (roommate) currently or have you ever been placed on parole or probation? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>21</b> Do you or your spouse (roommate) currently have any outstanding warrants for your arrest? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>22</b> Have you or your spouse (roommate) ever been given a non-renewal notice, an eviction notice or has your lease terminated? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>23</b> Have you or your spouse (roommate) declared bankruptcy if yes, when? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Applicant(s) represent that all of the above statements are true and complete and hereby authorize verification of the above information, references and credit records. A full disclosure of pertinent facts may be made to owners agent. Applicant(s) acknowledges that false information herein may constitute ground for rejection of this application, termination of occupancy, and/or non-return of deposit. By signing this application, you will be giving permission for us to obtain credit and criminal background check, also to contact employer's and landlord's to verify information given. All information received will be kept confidential.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that a 30 day notice will be required before moving out or your deposit will not be returned.  
 \*Owner/Agent does have the right to enter apartment in case of an emergency.  
 \*No pets are allowed in or around our complex.  
 \*Visitors staying longer than 2 days will need to get approval from the office.