

ONE APPLICATION PLUS \$50 NON-REFUNDABLE APPLICATION FEE PER RESIDENT 18 YEARS OR OLDER IS REQUIRED.

**LEASING INFORMATION**

APPLICATION DATE	DESIRED MOVE IN DATE	DESIRED LEASE TERMS	DESIRED APARTMENT SIZE & FLOOR
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**PERSONAL INFORMATION**

FIRST NAME, MI, LAST NAME	SSN	DATE OF BIRTH
EMAIL	HOME PHONE	CELL PHONE

**RESIDENTIAL HISTORY**

CURRENT ADDRESS	CITY	STATE	ZIP CODE
MOVE IN DATE	MOVE OUT DATE	LANDLORD NAME	LANDLORD PHONE
REASON FOR LEAVING			

PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
MOVE IN DATE	MOVE OUT DATE	LANDLORD NAME	LANDLORD PHONE
REASON FOR LEAVING			

**EMPLOYMENT INFORMATION**

CURRENT EMPLOYMENT STATUS:	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> STUDENT	<input type="checkbox"/> RETIRED	<input type="checkbox"/> NOT EMPLOYED
CURRENT (OR MOST RECENT) EMPLOYER	POSITION	APPROXIMATE MONTHLY INCOME			
SUPERVISOR	SUPERVISOR PHONE				
IF STUDENT, SCHOOL ENROLLED	CURRENT LEVEL OF SCHOOL	SOURCE FOR RENT			

**ADDITIONAL FAMILY MEMBERS**

NAME	RELATIONSHIP	PRIMARY PHONE
CURRENT ADDRESS	CITY	STATE ZIP CODE
NAME	RELATIONSHIP	PRIMARY PHONE
CURRENT ADDRESS	CITY	STATE ZIP CODE

DO YOU PLAN ON HAVING A PET? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST BREED AND WEIGHT
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**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT NAME (NOT A ROOMMATE)			
RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE	ZIP CODE

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE AND INCLUDE DATE AND LOCATION
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**REFERRAL**

REFERRED BY
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**QUALIFICATION STANDARDS**

- Combined monthly household income must be three times the amount of monthly rent.
- Must have a clean criminal history for every resident.
- Must agree to policies and rules listed with the Lease Agreement.
- Must be able to submit Security Deposit at time of Lease Agreement signing.
- Must complete all sections of Tenant Application.
- Must have a positive reference from past rental properties.
- Must meet/maintain occupancy levels as stated in Lease Provisions.

I certify that the information contained in this application is true and correct. I authorize Landlord to contact any reference listed. I understand that a unit is not considered secured until the landlord receives a deposit and signed lease agreement. Deposit checks will be cashed immediately upon receipt. I understand that in the event no verifiable rental history is available or inferior rental history is found, I may be required to increase my deposit to an amount equal to two months' rent. Once approved, I agree to execute a lease before possession is given.

APPLICANT SIGNATURE	DATE
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**APPLICANT INFORMATION**

FIRST NAME, MI, LAST NAME		DATE	
CURRENT ADDRESS	CITY	STATE	ZIP CODE

**PROPERTY MANAGEMENT / LANDLORD INFORMATION**

PROPERTY / COMMUNITY NAME	MANAGER / AGENT NAME	PHONE NUMBER
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**AUTHORIZATION**

I authorize JPM, INC., its subsidiaries, or its managing agents to investigate my rental history.  
The investigation may include, but is not limited to the questions listed below.

APPLICANT SIGNATURE	DATE
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**OFFICE USE ONLY**

MOVE IN DATE	MOVE OUT DATE	DID RESIDENT PAY THEIR RENT ON TIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NO. OF TIMES RENT WAS DELINQUENT	MONTHLY RENT (\$)	SECURITY DEPOSIT (\$)	SECURITY DEPOSIT RETURNED (\$)

DAMAGE TO PROPERTY

LEASE VIOLATIONS

RESIDENT EVICTED?  YES  NO REASON FOR LEAVING

WOULD YOU RENT TO THIS PERSON AGAIN?  YES  NO ADDITIONAL COMMENTS

SIGNATURE	DATE
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COMPANY	TITLE
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