

Audubon Cove Rental Application

Applicant Name: _____ Date of Birth: _____ S.S.# _____
First Middle Last

Current Address: _____ Home Phone: _____
Street City State Zip

Driver's License #: _____ State: _____ Cell Phone: _____ Work Phone: _____

Spouse Name: _____ Date of Birth: _____ S.S.# _____
First Middle Last

Driver's License #: _____ State: _____ Cell Phone: _____ Work Phone: _____

List all other occupants below:

1. _____ 2. _____
Name DOB Relationship Name DOB Relationship

3. _____ 4. _____
Name DOB Relationship Name DOB Relationship

How long at present address? _____ Rent or Own? Monthly Payment: _____

Present Apartment Community or Mortgage Co. Name: _____ Phone: _____

Previous Address: _____ How long at this address? _____
Street City State Zip

Rent or Own? Previous Apartment Com. or Mortgage Co. _____ Phone: _____

Current Employer: _____ Occupation: _____ Length of Employment: _____

Employer Address: _____ Annual Salary: _____
Street City State Zip

Supervisor Name: _____ Phone: _____ Fax: _____

Full-Time Student? Yes or No Current Year Status? __ Freshman __ Sophomore __ Junior __ Senior __ Graduate Student

Spouse Employer: _____ Occupation: _____ Length of Employment: _____

Employer Address: _____ Annual Salary: _____
Street City State Zip

Supervisor Name: _____ Phone: _____ Fax: _____

Full-Time Student? Yes or No Current Year Status? __ Freshman __ Sophomore __ Junior __ Senior __ Graduate Student

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Other sources of income you would like for us to consider:

Source of Income: _____ Amount: _____

Source of Income: _____ Amount: _____

Have you ever been evicted? _____ Convicted of a felony? _____ Filed Bankruptcy? _____

If you answered yes to any of the above, please explain: _____

Do you have a pet? _____ If yes, what kind? _____ M/F _____ Age _____ Color _____ Weight _____

_____	_____	_____	_____	_____
Vehicle Make/Model	Year	Color	Tag Number	State
_____	_____	_____	_____	_____
Vehicle Make/Model	Year	Color	Tag Number	State
_____	_____	_____	_____	_____
Vehicle Make/Model	Year	Color	Tag Number	State
_____	_____	_____	_____	_____
Vehicle Make/Model	Year	Color	Tag Number	State

Please list two emergency contacts:

Primary Contact Name	Address	City	State	Zip
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Relationship to Contact	Home Phone	Work or Cell Phone
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Secondary Contact Name	Address	City	State	Zip
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Relationship to Contact	Home Phone	Work or Cell Phone
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****In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.***

_____ Initial for Authorized Access

Fair Housing

In accordance with federal fair housing laws it is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin in connection with the rental of most housing. The federal agency which administers compliance with this law is the U.S. Department of Housing and Urban Development.

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Equal Credit Opportunity Act

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. The federal agency which administers compliance with this law is the U.S. Equal Credit Opportunity, Federal Trade Commission.

Application Fee

Applicant has submitted the sum of \$_____ which is a non-refundable payment for the processing of this application. The application fee is not a rental payment of security deposit. _____ Initials _____ Initials

Security Deposit

Applicant has submitted the sum of \$_____ which is payment of the security deposit for an apartment. If for any reason the application is declined by management, the security deposit will be refunded in full. If the application is approved and the applicant fails to occupy the premises on the security deposit. Applicant understands and agrees that if applicant cancels more than 72 hours after the submission of the application to management, the security deposit will be forfeited. _____ Initials _____ Initials

Permission to Release of Information

I warrant and represent that the information submitted on this application is true and correct. I understand that any false information will constitute grounds for rejection of the application. I hereby authorize the release of all credit, income and rental/mortgage information to the agents and/or employees of Sentry Asset Management. I understand that the lease agreement will not become effective until the application is approved by management.

Applicant Signature _____ Date _____ Authorized Agent for Owner _____

Spouse Signature _____ Date _____ Email Address _____

FOR OFFICE USE ONLY:

Apartment # _____ Apt. Type _____ Move-In Date _____ Lease Term _____

Monthly Rent _____ Other Monthly Charges _____ Leasing Agent _____

Rental/Mortgage Verification

Income Source/Employer	Occupation	Length of Employment	Annual Salary	Verified By

Income Verification

Apt. Community/Mortgage Co.	Monthly Payment	Length of Occ.	# Late Pmts.	# NSF Checks	Complaints?	Proper Notice Given?	Deposit Refunded?	Verified By

Application Approval/Notification

Application Approved _____ Application Conditionally Approved _____ Application Declined _____

If conditionally approved, list added requirements: _____

Application Approved By _____ Date _____ Applicant Notified By _____ Date _____