

CAMBRIDGE MANAGEMENT SERVICES, INC. LEASING APPLICATION



(Each Occupant Over the Age of 18 - Must Complete an Application)

Marital Status: Married Single
 Current Home Phone #: () _____
E-Mail Address: _____
Community Representative: _____

Applicant:

Last Name	First	Middle	Social Security Number	Date of Birth
Driver's License #			State	

Spouse:

Last Name	First	Middle	Social Security Number	Date of Birth
Driver's License #			State	

Other Occupants:

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

Pets: Birds Fish Cat Dog Number of Pets: _____

Pet Name	Breed	Pet Name	Breed
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Applicant Employment: (Must Verify 2 Years)
Current Employer:

Employer	Address	Date of Hire	Position / Title
Human Resources Dept. Phone #		Contact Name	\$ _____ Annual Income

Previous Employer:

Employer	Address	Date of Hire	Position / Title
Human Resource Phone#		Contact Name	\$ _____ Annual Income

Spouse Employment: (Must Verify 2 Years)
Current Employer:

Employer	Address	Date of Hire	Position / Title
Human Resource Phone#		Contact Name	\$ _____ Annual Income

Applicant Rental/Mortgage History: (Must Verify 2 Years)
Current Landlord:

Rental Address	City	State	/	Zip Code	Move In Date / Move Out Date
Landlord / Mortgage Company		Landlord Phone #		Monthly Payment	

Previous Landlord:

Rental Address	City	State	/	Zip Code	Move In Date / Move Out Date
Landlord / Mortgage Company		Landlord Phone #		Monthly Payment	

Auto and Emergency Contacts:

Vehicle:	Year	Make	Model	Color	License Plate Number / State
Vehicle	Year	Make	Model	Color	License Plate Number / State
Emergency Contact Name:			Phone #:		
Address:			Relationship:		
Emergency Contact Name:			Phone #:		
Address:			Relationship:		

AUTHORIZATION TO VERIFY INFORMATION: Applicant(s) represent that the above statements are true and complete and hereby authorize verification of any and all information including release of information by any financial institution, employer (present and former) and landlord (present and former). Applicant(s) acknowledge that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and forfeiture of deposits and may constitute a criminal offense under State law. **APPLICATION DEPOSIT AGREEMENT:** Applicant(s) have tendered a faith deposit (hereinafter referred to as ADeposit) in the amount of \$ _____ . In consideration of Owner taking the dwelling off the market while considering approval of the Application. If Applicant(s) are approved, the Deposit paid will be deposited into a non-interest bearing escrow account to remain in such for the duration of the Applicant(s) residency. If the Applicant(s) are approved and fail to promptly enter into the Lease Agreement for the dwelling, the Deposit will be retained by the Owner and considered compensation for expenses incurred and loss of revenue as a result of taking the dwelling off the market. The Deposit will be refunded only if Applicant(s) is not approved. Unless the Deposit is made in the form of money order or cashiers check, the Deposit will not be refunded until the check has cleared. KEYS WILL BE FURNISHED only after the Lease Agreement and other rental documents have been properly executed by all parties and applicable rent/security deposit/fees have been paid. **APPLICATION FEE:** Applicants acknowledge that the \$ _____ application fee paid is non-refundable. Country Place Apartments is Agent for and paid by the Owner. It is understood that this Application is preliminary only and does not obligate Owner or Owners Agent to execute a Lease or deliver possession of the proposed dwelling.

APPLICANTS SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

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Release of Information and Authorization for Verification of Application

Unmarried co-applicants must fill out a separate release

Marital Status: Married Single

Name _____ SS# _____ - _____ - _____ DOB ____ / ____ / ____
Last First MI Jr,Sr Prior

Driver's License # _____ State _____

Name _____ SS# _____ - _____ - _____ DOB ____ / ____ / ____
Last First MI Jr,Sr Prior

Driver's License # _____ State _____

Present Address:

Street Apt# City State Zip Code

Please provide a previous address if you have lived at your current address for less than 24 months

Previous Address:

Street Apt# City State Zip Code

Have you ever had an eviction filed against you?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever left owing money to any owner or landlord?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever had adjudication withheld or been convicted of a felony?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute a criminal offense under the laws of this State. I/We hereby release American Registry and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquires. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant Signature

Date

Spouse Signature

Date