



Towne Properties Lease Application

1. Applicant

Name: _____
Home Phone: _____
Cell Phone: _____
DL Number: _____
Date of Birth: _____
Soc. Sec. No. _____
Email: _____

2. Spouse

Name: _____
Home Phone: _____
Cell Phone: _____
DL Number: _____
Date of Birth: _____
Soc. Sec. No. _____
Email: _____

2. Present address: _____

Circle one: Lease Own Other: _____ Length at current address (in months): _____

List name and address of landlord or mortgage company on the line provided below. Monthly Payment: _____

3. Previous address if above is less than two years: _____

4. Applicant's occupation: _____ Employed by: _____

Address: _____

Phone: _____ Work email: _____ Start date: _____

Immediate supervisor: _____ Gross monthly income: _____

Other income (i.e. alimony, child support, other job, etc.): _____ Source: _____

5. Spouse's occupation: _____ Employed by: _____

Address: _____

Phone: _____ Work email: _____ Start date: _____

Immediate supervisor: _____ Gross monthly income: _____

Other income (i.e. alimony, child support, other job, etc.): _____ Source: _____

6. Other occupants of apartment:

| Name | Relationship | Date of Birth |
|-------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

7. Emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

8. Number of autos owned or used by all occupants: _____

| Make and model | Color | Year | Plate Number | State of Issue |
|----------------|-------|-------|--------------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

9. Pets: Number of Dogs _____ Weight(s): _____ Number of cats: _____

10. Have you ever been convicted of a felony? Yes No (circle one)

Initial here: _____

Continuation of Lease Application for *Applicant Name(s)*: _____

11. Do you have renter's insurance? Yes No (circle one) If yes, name of carrier: _____
At move in, proof of insurance is required or you must sign up with eRenterPlan. Initial here: _____

12. Have you ever had problems with pest contaminations, such as bed bugs? Yes No (circle one)
If yes, please identify the year, describe the problem and describe the corrective actions taken, if any:

I/we understand and agree that if this offer to lease is accepted, I/we will execute a lease with Towne Properties and the **first rental payment will be due upon the first day of occupancy** and will cover the period from the first day of the term through the remainder of that month. Thereafter, all rental payments will be due and payable in advance on the first day of each month. I/we hereby consent to allow Towne Properties through its designated agent and its employees, to **obtain and verify my/our credit, criminal and related information** for the purpose of determining whether or not to lease to me/us an apartment. I/we understand that should I/we lease an apartment, Towne Properties and its agent shall have a continuing right to review my/our credit information, rental application, criminal information, related information, payment history and occupancy history for account review purposes and for improving application methods.

I/we understand that a deposit of \$ _____ is required in order to hold the unit requested during consideration of this application. I/we understand that this payment will be returned **only if this application is not approved** by Towne Properties.

I/we hereby agree that Towne Properties may retain the entire deposit of \$ _____ tendered by me/us with this lease application should Towne Properties approve the lease application, and I/we for any reason fail, refuse or decide not to execute a lease agreement with Towne Properties for the unit described below.

The application fee in the amount of \$ _____ is not refundable.

TO BE COMPLETED BY TOWNE PROPERTIES LEASING PROFESSIONAL

| | | | |
|--------------------------------------|-------------------|-------------------------------------|----------------------|
| Community: _____ | Address: _____ | Apt # _____ | |
| Type: _____ | Rent: _____ | Possession Date/Lease Begins: _____ | Lease Expires: _____ |
| Special Terms (if applicable): _____ | | | |
| App. Fee _____ | Date Rec'd: _____ | Initialed by: _____ | Check # _____ |
| Deposit _____ | Date Rec'd: _____ | Initialed by: _____ | Check # _____ |
| Pet Deposit _____ | Date Rec'd: _____ | Initialed by: _____ | Check # _____ |
| Total Pet Fee: _____ | Water Fee: _____ | Storage Fee: _____ | W/D Fee: _____ |
| Assigned Parking Fee: _____ | Other Fees: _____ | | |

Each applicant shall be processed under the terms of the equal housing statutes and each applicant shall be given the right to inspect, select and lease housing accommodations without regard to race, sex, color, religion, national origin, handicap or familial status.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Towne Properties Representative Signature: _____ Date: _____

