

OFFICE USE ONLY	
Property Name:	_____
Unit Type:	_____ Unit: _____
Move-In Date:	_____

LEASE APPLICATION

APPLICANT INFORMATION				
FIRST NAME:	LAST NAME:	DATE OF BIRTH:	PREFERRED PHONE #:	
SOC SEC #:	PHOTO ID #:	STATE OF ISSUE:	ID TYPE:	
EMAIL ADDRESS:		DESIRED MOVE-IN DATE:		
RESIDENCE HISTORY				
CURRENT ADDRESS:			RENT OR OWN?:	
CITY:	STATE:	ZIP CODE:	MONTHLY PAYMENT:	
MOVE-IN DATE:	LEASE EXPIRES:	LANDLORD NAME:	LANDLORD PHONE:	
REASON FOR LEAVING:				
PREVIOUS ADDRESS:			RENT OR OWN?:	
CITY:	STATE:	ZIP CODE:	MONTHLY PAYMENT:	
MOVE-IN DATE:	MOVE-OUT DATE:	LANDLORD NAME:	LANDLORD PHONE:	
REASON FOR LEAVING:				
EMPLOYMENT INFORMATION				
CURRENT EMPLOYER:		SUPERVISOR:	PHONE:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	
POSITION:	GROSS MO. INCOME:	START DATE:	END DATE:	
OTHER OCCUPANT(S) <small>(LIST NAME OF ALL PERSONS UNDER 18 WHO WILL OCCUPY THE UNIT. ALL APPLICANTS 18 OR OVER MUST FILL OUT A SEPARATE APPLICATION.)</small>				
FIRST NAME:	LAST NAME:	RELATIONSHIP:	AGE:	
FIRST NAME:	LAST NAME:	RELATIONSHIP:	AGE:	
FIRST NAME:	LAST NAME:	RELATIONSHIP:	AGE:	
FIRST NAME:	LAST NAME:	RELATIONSHIP:	AGE:	
PET(S)				
1 ST PET TYPE/BREED:	1 ST PET WEIGHT:	2 ND PET TYPE/BREED:	2 ND PET WEIGHT:	
VEHICLE INFORMATION				
YEAR:	MAKE:	MODEL:	COLOR:	LICENSE PLATE #:
YEAR:	MAKE:	MODEL:	COLOR:	LICENSE PLATE #:



REFERRAL INFORMATION

WERE YOU REFERRED TO OUR COMMUNITY BY ONE OF OUR RESIDENTS? IF SO, WHO?	RESIDENT NAME:	RESIDENT PHONE #:
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MANDATORY SCREENING QUESTIONS

HAVE YOU HAD ANY FELONY CONVICTIONS?:	HAVE YOU EVER HAD AN EVICTION FILED AGAINST YOU?:
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FAIR HOUSING STATEMENT

Worcester Communities is an equal opportunity housing company. It is the policy of Worcester Communities for it and its employees and agents not to discriminate on the basis of race, color, religion, national origin, ancestry, physical or mental disability, familial status, age, marital status, sex or unfavorable discharge from military service in the offering of rental apartments or in the terms, conditions or privileges for rental. You have the right to be offered and to choose any rental apartment that we have available that meets your budgetary requirements. We will offer any available rental apartment to you, subject to our standard confirmation of your credit history, income and housing references.

ACKNOWLEDGEMENT OF RENTERS INSURANCE REQUIREMENT

You are required to provide proof of Renters Insurance Liability Coverage in the amount of \$100,000 to management on or by your move-in date. Worcester Communities shall be listed as an "Interested Party" on the policy. By signing this application, you acknowledge your understanding of this insurance requirement and agree to obtain and maintain a policy which meets or exceeds the minimum requirement listed above and provide management proof of such coverage. **APPLICANT INITIAL:** _____

APPLICANT ACKNOWLEDGEMENT AGREEMENT

I represent to you that I have read this entire application and that all of the above information hereon is true and correct. I agree that if I am accepted and fail to complete this transaction by signing your lease, my **Application Fee of \$35.00** and the **Administration Fee of \$150.00** will be forfeited to you. I understand that this application is subject to your approval. I also understand that this is not a lease, and should my application be accepted, I agree to sign your lease form currently in use. If for any reason whatsoever you are unable to make the apartment which is the subject of this application available at the beginning of the lease term, I hereby waive any and all rights to seek to recover any damages whatsoever against you, including without limitation, actual, punitive or consequential damages. Application Deposit (Security Deposit) and Administration Fee become Non-Refundable after seventy-two (72) hours of notification of approval.

SIGNATURE OF APPLICANT:	PRINTED NAME OF APPLICANT:	DATE:
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