



Zachary Arms Apartments Rental Application Form

Tel: (609) 585-8051 • Fax: (609) 585-8051 (Call before faxing)

The cost of the background investigation is \$65.00 per applicant. This cost is not rent or deposit and is non-refundable. The sum of \$_____ is deposited herewith to secure an apartment reservation on the express understanding that it will be returned to me if this application is not approved. If the application is approved, I agree that the money deposited as an apartment reservation shall be applied toward my security deposit, and that I will enter into a lease on your standard form. **Shall I cancel this application; the apartment reservation deposit shall be forfeited. NO PETS ARE ALLOWED.**

Last Name			First Name			M.I.			Co-Applicant Last Name			First Name			M.I.								
Date of Birth			Social Security Number			Home Telephone			Date of Birth			Social Security Number			Home Telephone								
/ /			- -			() -			/ /			- -			() -								
Current Street Address						City			State			Zip Code			Co-Applicant Current Address (if different)								
Previous Street Address						City			State			Zip Code			Co-Applicant Previous Address (if different)								
Length of Residence at Current Address						Ever Filed for Eviction?			Own or Rent?			Length of Residence at Current Address						Ever Filed for Eviction?			Own or Rent?		
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Own <input type="checkbox"/> Rent									<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Own <input type="checkbox"/> Rent		
Applicants E- Mail Address									Co-Applicant E-Mail Address														

Present Housing Information

Landlord or Agent Name			Landlord Telephone Number			Co-Applicant Landlord or Agent Name			Landlord Telephone Number								
			() -						() -								
Reason for Leaving			Length of Rental			Monthly Rent			Reason for Leaving			Length of Rental			Monthly Rent		

Employment Information

Present Employer Name			Position			Co-Applicant Employer Name			Position																				
Supervisor Name			Telephone Number			Supervisor Name			Telephone Number																				
			() -						() -																				
Employer Address						City			State			Zip Code			Employer Address						City			State			Zip Code		
Employed From			To			Salary			per <input type="checkbox"/> month <input type="checkbox"/> year			Employed From			To			Salary			per <input type="checkbox"/> month <input type="checkbox"/> year								

Emergency Contact Information

Name			Telephone Number			Name			Telephone Number		
			() -						() -		
Address			Relationship			Address			Relationship		

Other Information

Car Year / Make / Model			License Plate State / Number			Car Year / Make / Model			License Plate State / Number		
/ /						/ /					
Other Residents (Names/ Date of Birth)						Other Residents (Names/Ages)					
Have you ever been convicted of a crime?		If "Yes", Date of Most Recent Conviction?		Nature of Conviction		Have you ever been convicted of a crime?		If "Yes", Date of Most Recent Conviction?		Nature of Conviction	
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes", #: _____						If "Yes", #: _____					

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is rejected.

Applicant: **X** Date: _____ Co-Applicant: **X** Date: _____

OFFICE USE ONLY

NTN Access Number:		Address/Unit Applied for:		Monthly Rent Amount for unit applicant is applying for: \$	
Date Screened:		Projected Move-In Date:		Apartment / Unit Type: _____ Key Deposit: \$	

How did you hear about us? Newspaper Rent.com Yellow Pages Referral, By Whom: _____ Other: _____