



| Office Use: | |
|------------------------|--------------------------|
| Community: | |
| Date of Application:// | Desired Move-in Date:/_/ |
| Address: | |
| Quoted Rent: Sp | pecial(s) Offered: |
| Lease Term: | . , |
| Referred By: | |

Eastwood Village Rental Application Please print plainly and fill in ALL blank spaces comple

| | APPLICANT | | | CO- | APPLICANT | |
|-------------------------------------|--------------------------------------|-----------------|-----------------|-------------------------|-----------------------|------------|
| Full Name: | | | Full Name: | | | |
| Date of Birth:/ | _/ Social Security No. | : | Date of Birth: | // Socia | al Security No.: | |
| Address: | | | Address: | | | |
| City: | State: | Zip: | City: | | State: | Zip: |
| Best Contact #: | | | Best Contact | #: | | |
| | | | Email Address | s: | | |
| ime at Present Addres | s: Amount of Ren | t/Mtg. Pymt: | Time at Prese | ent Address: A | Amount of Rent/ | Mtg. Pymt: |
| andlord or Manageme | nt Co.: | | Landlord or M | lanagement Co.: | | |
| Address: | | | Address: | | | |
| City: | State: | Zip: | City: | | State: | _ Zip: |
| andlord Email/Phone: | | | Landlord Ema | ail/Phone: | | |
| Applicant's Driver's Lice | ense Number: | | Applicant's Dr | river's License Numbe | r: | |
| Reason for Relocating: | | | Reason for Re | elocating: | | |
| EN | IPLOYMENT INFORM | ATION | | EMPLOYME | NT INFORMA | TION |
| Status: □Employed F EMPLOYED BY: | ull/Part-Time □Unemp | oloyed □Retired | | nployed Full/Part-Time | | |
| Address: | Phone | e: | | | | |
| | State: | | City: | | State: | Zip: |
| | Supervisor: | | Title: | Superv | isor: | |
| How Long? | Gross Income: \$ | per | | Gross | | |
| PREVIOUS EMPLOYE | R (if less than one (1) year at pres | ent): | PREVIOUS E | MPLOYER (if less than o | ne (1) year at presen | t): |
| Address: | | | Address: | | | |
| | State: | | | | | |
| Γitle: | Supervisor: | | | Superv | | |
| How Long? | Gross Income: \$ | per | How Long? | Gross | Income: \$ | per |
| Reason for leaving: | | | Reason for le | aving: | | |
| Number of Vehicles (i | ncluding Company Cars | | ONAL INFORMATIO | DN | | |
| Make/Model: | | Year | Color | Tag No | | State |
| | | | | | | |
| Make/Model: | | | Color | | | |
| | | | | | | |
| Pets? Yes N | o #Cat(s): | #Dog(s): | | | | |
| | COLOR | BREED | WEIGHT | AGE | LICENSE | # |
| PET NAME | | | | | | |
| PET NAME | | | | | | |

| Total Number of Occupants | | IN CASE OF PERSONAL EMERGENCY, NOTIFY: |
|---|--|---|
| OTHER RESIDENTS | BIRTH DATE | Name: Address: |
| | | Relationship: Telephone(s): |
| | | |
| NON DE | TIMBARI E ORER | NIT OUTOK AND DEGOCIONO OUADOE |
| Applicant submits herewith a non-refundable parapplication is not approved, said sum will be regrounds for rejection of application. Manageme | ayment in the amount of tained by management to ent or his/her agent is her nt's employers and credit | \$ for credit/criminal background check and processing charge. If a cover the cost of processing this application. Any false information will constitute breby expressly authorized to verify the accuracy and correctness of the statements stors, and to procure such other information which management or agent may require to it can be processed by management. |
| | | CE - THIS IS NOT A CONTRACT hereby states that with respect to this community |
| I am acting in the following capacity: (check one | | |
| I acknowledge that I have received this Notice of | on (date):// | |
| PRINT (APPLICANT): | | PRINT (CO-APPLICANT): |
| SIGN (APPLICANT): | | SIGN (CO-APPLICANT): |