

## Application for Housing

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_  
beginning on \_\_\_\_\_, at a monthly rate of \$ \_\_\_\_\_

Please answer all questions on this application. Enter "None" or "N/A" for questions that do not apply to you.  
Each co-applicant and each occupant 18 years old and over must submit a separate application. Assistance to  
complete the application will be made available upon request.

Application Date: \_\_\_\_\_ Preferred Move-in Date: \_\_\_\_\_

Full Name: *(Exactly as it appears on Driver's License or Govt. ID card)*

Alias/Maiden/Former Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Main Contact Number: \_\_\_\_\_ Alternative Contact Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Is there a co-applicant for the unit you are applying?  Yes  No

If yes,

Co-applicant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Co-applicant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Occupants that will be living with you: \_\_\_\_\_ (PLEASE NOTE: ANYONE 18 YEARS OLD AND OVER MUST  
SUBMIT A SEPARATE APPLICATION)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

### Rental History

Present Address: \_\_\_\_\_  Rent:  Own:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Landlord Fax: \_\_\_\_\_

Lease Term: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



# EAST POINT APARTMENTS & LOFTS

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Have you, or your spouse / co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, or any other violation?  Yes  No

Have you or anyone in your household ever been convicted of a felony or involved in criminal activity that posed a threat to the health, safety, or welfare of others?  Yes  No

Have you been convicted of any non-traffic misdemeanors?  Yes  No

Have you or any member of your household been convicted of illegal use, distribution or manufacture of an illegal drug or other controlled substance?  Yes  No

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?  Yes  No

If you answered yes to any of the above indicate the year, location, and explanation. We may need to discuss more facts before deciding. You represent the answer is "no" to any item not checked above.

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Were you referred by anyone?  Yes  No If yes, Name: \_\_\_\_\_

Do you have or plan to have pets occupy your apartment at East Point Apartments & Lofts?  Yes  No

If yes, how many? \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you or any occupant smoke?  Yes  No

*East Point Apartments & Lofts does not permit smoking inside of any of its buildings, apartments, interior common areas or the patio located on the Oak Wood Street side of the schoolhouse building. Smoking is only permitted in designated smoking areas.*

## Employment - Proof of Income is Required to be Considered

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

FT:  PT: \_\_\_\_\_ Date(s) Employed: From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Amount: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

FT:  PT: \_\_\_\_\_ Date(s) Employed: From \_\_\_\_\_ To \_\_\_\_\_

## Vehicle Information

List all vehicles owned or operated by any occupants (including cars, trucks, motorcycles, trailers, etc.)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_



# EAST POINT

APARTMENTS & LOFTS

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IN CASE OF PERSONAL EMERGENCY, NOTIFY: _____	RELATIONSHIP: _____
Full Address: _____	
Home Phone: (    ) _____	Work Phone: (    ) _____

I hereby apply to lease the above-described premises for the term upon the conditions above set forth and agree that the rental payment is to be remitted the \_\_\_\_\_ day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$ \_\_\_\_\_ of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ \_\_\_\_\_ as a holding deposit to be refunded to me if this application is not accepted or cancelled within 72 hours from the date of application. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted I agree to execute a lease for \_\_\_\_\_ months and to pay the balance of the security deposit before possession is given, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent or cancelled within 72 hours from the date of application, the deposit will be refunded within 30 days, thereby waiving any claim for damages by reason of nonacceptance.

I certify that all application information is true and complete to the best of my knowledge. I hereby grant permission to East Point Apartment and Lofts and/or Fairfield Homes, Inc. and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application, including rental, credit, criminal, employment and law enforcement history. I hereby release all parties from any liability in connection with the provision and use of this information. I understand that this application does not constitute any oral and/or written commitments on the part of East Point Apartments and Lofts or Fairfield Homes, Inc.

An application fee of **\$50.00** must be paid for the purposes of verifying the information included on this application. I understand that this charge is not, under any circumstance, to be returned to me or credited toward a security deposit or rent. Application fee can be paid with money order or check.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

----- **For Office Use Only** -----

Payment of \$ \_\_\_\_\_ received by (Agent name) \_\_\_\_\_ Date and Time \_\_\_\_\_

This application form received by (Agent name) \_\_\_\_\_ Date and Time \_\_\_\_\_

This application  Approved  Not Approved

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified by (Name) \_\_\_\_\_

Notified by:  Letter (Attach Copy)  Email (Attached Copy)  Telephone  Fax  In Person

