Application for Lease



COMMUNITY NAME	
DATE:	QUICK INFO:

In Good Company	DATE:		QUICK INFO:	
REAL HOSPITALITY.			Apartment #	
We want to make the leasing process simple yet quick and accurate prequalification.	complete. Please share the following v	with us to insure a	Initial Source:	
PERSONAL INFORMATION	SS#:		Move-In Date:	
Your Name:	Birth	Date:	Pets: YES	NO N/A
Email:	Home Ph:Cell F	Ph:	Breed and Weight:	
Drivers License No.:	State: Zip:	: - <u></u>	_	
Auto Make:	Auto Model: Plate	No.:		
Present Address: Zip: Zip:_	Landlord Name Move-in Date: Landlord Name	Move-Out Date:	Monthly Rent:	
EMPLOYMENT - Thank you for telling us about wh	, , , ,	•		
Who Employs You:	Your Position:			
Wages (Monthly Gross Income):	Hours Per Week:	Employed From:_	To:	
Employer's Phone Number:	Your Work Phone:			
Next Previous Employer:	Your Position:			
Wages (Monthly Gross Income):	Hours Per Week:	Employed From:_	To:	
Employer's Phone Number:	Your Work Phone:			

BACKGROUND QUESTIONS

We need to inquire about your background. The result of our inquiry will be assessed using our screening criteria. Please note that this information is kept private and used only for your application on file.

Have you ever been convicted of, or plead guilty to, a crime: YES N

If yes, please state where, when, by whom and which court and the crime.

Have you previously been evicted from a rental community? $\,$ Y / N

If so, state where and when:

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OCCUPANTS

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Who will occupy the residence? (Please list everyone that will live in the household)

Please note: Every occupant age 18 or older is required to complete a separate application. Thank you.

Name		Relationship	Relationship to Applicant	
. ———				
				<u> </u>
i				
i. 				
	of emergency, please provide us with the contact			
Name: _	Address:		City/State:	Zip:
Phone N	Number: —	Relationship to Applica	nt(s)—————	
as an inducement to entire application a undersigned's finan eporting agency or UNDERSTANDINGS as APPLICANTS, I (v 1. I (we) will not a U.S. cit	ereby makes application to IN GOOD COMPANY, payable monthly in advance on the first day o to IGC to accept this application, the undersigned are true and authorizes IGC to verify any informat incial and credit standing and moral character, incomposite of the release of an accept the release of an accept the standard and agree that: provide copies of most recently issues official intigen. Also provide a copy of your SSN, IT IN, or a prent form of photo identification.	f each month, for a term of d hereby represents and swears under oath tion contained herein and make such other luding the investigation of my credit, criminy information relevant to such investigation dentification document such as drivers lice.	and request occupancy and upon the penalties of perjuic investigation as it shall deem not nal, and/or employment history, in by any person or entity possesses.	as of, 20 ury that all facts stated in this ecessary to determine the through public records, a sing such information.
and the first	uire no right to any apartment until the Applica month's rent in advance are paid in full. The ab Application. Move in payment to be made by n	ove mentioned apartment will be used as	a private dwelling only and occ	, ,
	lease is signed by APPLICANT and IGC, the lease main legally bound by the terms and condition	· · · · · · · · · · · · · · · · · · ·	f the APPLICANT does not move	e in. APPLICANT will
HOLDING F an apartme	oplicant is approved, the APPLICANT agreement is approved, the APPLICANT agreement of \$ / (initial) immed ent for the approved APPLICANT without exposit. If the APPLICANT fails to execute a FUNDED.	ately upon notification of approval the payment of the HOLDING FEE. U	. IGC is not required to proposition move-in, the HOLDING	vide to or otherwise hold i FEE will be applied to the
APPLICANT SIGNAT	TURE			
OFFICE USE ONLY				
	DATE APPROVED: RENT:			

