



COMMUNITY NAME _____

DATE: _____

We want to make the leasing process simple yet complete. Please share the following with us to insure a quick and accurate prequalification.

PERSONAL INFORMATION

SS#: _____

Your Name: _____ Birth Date: _____

Email: _____ Home Ph: _____ Cell Ph: _____

Drivers License No.: _____ State: _____ Zip: _____

Auto Make: _____ Auto Model: _____ Plate No.: _____

RESIDENCE HISTORY (Please provide a 2 year residence history)

Present Address: _____ Landlord Name and Phone: _____

City/State: _____ Zip: _____ Move-in Date: _____ Move-Out Date: _____ Monthly Rent: _____

Previous Address: _____ Landlord Name and Phone: _____

City/State: _____ Zip: _____ Move-in Date: _____ Move-Out Date: _____ Monthly Rent: _____

Previous Address: _____ Landlord Name and Phone: _____

City/State: _____ Zip: _____ Move-in Date: _____ Move-Out Date: _____ Monthly Rent: _____

Previous Address: _____ Landlord Name and Phone: _____

City/State: _____ Zip: _____ Move-in Date: _____ Move-Out Date: _____ Monthly Rent: _____

EMPLOYMENT - Thank you for telling us about what you do and assisting us in helping you become a resident in one of our communities.

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: _____

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 NO

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:

QUICK INFO:

Apartment # _____ Size: _____

Leasing: Consultant: _____

Initial Source: _____

Move-In Date: _____

Pets: YES NO

Type and Weight: _____

Andover Management Application for Lease

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 to Applicant	Birth Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

☼ In case of emergency, please provide us with the contact information of the person we should call. Local is preferred.

Name: _____ Address: _____ City/State: _____ Zip: _____

Phone Number: _____ Relationship to Applicant(s): _____

The undersigned hereby makes application to ANDOVER MANAGEMENT CORP as Rental Agent (hereinafter referred to as AMC) for the lease of an apartment, at the monthly rate of \$ _____ payable monthly in advance on the first day of each month, for a term of _____ and request occupancy as of _____, 20 ____.

As an inducement to IGC to accept this application, the undersigned hereby represents and swears under oath and upon the penalties of perjury that all facts stated in this entire application are true and authorizes IGC to verify any information contained herein and make such other investigation as it shall deem necessary to determine the undersigned's financial and credit standing and moral character, including the investigation of my credit, criminal, and/or employment history, through public records, a reporting agency or otherwise. I further authorize the release of any information relevant to such investigation by any person or entity possessing such information.

UNDERSTANDINGS AND AGREEMENTS

As APPLICANTS, I (we) understand and agree that:

1. I (we) will provide copies of most recently issued official identification document such as drivers license, state, or U.S. issued ID(s), or the equivalent if you are not a U.S. citizen. Also provide a copy of your SSN, ITIN, or similar identification number currently issued to you showing you are entitled to be in the U.S., along with one current form of photo identification.
2. I (we) acquire no right to any apartment until the Application is approved by the management, a lease is signed in the form submitted and a security deposit and the first month's rent in advance are paid in full. The above mentioned apartment will be used as a private dwelling only and occupied by only those persons listed in this Application. Move in payment to be made by money order, cashier's check or credit card.
3. Once the lease is signed by APPLICANT and AMC, the lease is a binding contractual obligation, even if the APPLICANT does not move in. APPLICANT will remain legally bound by the terms and conditions of the lease.
4. If the applicant is approved, the APPLICANT agrees to execute a lease with AMC. In addition, upon approval, the APPLICANT will pay a HOLDING FEE of \$ _____ / _____ (initial) immediately upon notification of approval. AMC is not required to provide to or otherwise hold an apartment for the approved APPLICANT without the payment of the HOLDING FEE. Upon move-in, the HOLDING FEE will be applied to the security deposit. If the APPLICANT fails to execute a lease or cancels, then the HOLDING FEE will be retained as liquidated damages and WILL NOT BE REFUNDED.

APPLICANT SIGNATURE _____ DATE: _____

OFFICE USE ONLY

APARTMENT ADDRESS: _____	MOVE-IN DATE: _____
DATE APPROVED: _____ RENT: _____ DEPOSIT: _____	DATE DEPOSIT RECEIVED: _____

NOTES: _____

