

CATHCART MANAGEMENT, LLC
AGENT FOR LAKESIDE APARTMENTS
APPLICATION FOR RENTAL
(\$30/\$40 NON-REFUNDABLE APPLICATION FEE)

DATE NEEDED

TYPE OF UNIT

AGENT

DATE

NAME

DATE OF BIRTH

SSN:

OTHER OCCUPANTS

AGE

RELATIONSHIP

AGE

RELATIONSHIP

AGE

RELATIONSHIP

LANDLORD/MORTGAGEE VERIFICATION

CURRENT ADDRESS

ADDRESS

PHONE#

CITY

STATE

ZIP

CELL#

DATES OCCUPIED

FROM

TO

WORK#

RENT/OWN?

MONTHLY PAYMENT

LANDLORD

PHONE

FAX

PREVIOUS ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

DATES OCCUPIED

FROM

TO

RENT/OWN?

MONTHLY PYMT

LANDLORD/MORTGAGE NAME

PHONE

FAX

EMPLOYMENT/INCOME VERIFICATION

CURRENT EMPLOYER (please list employment information as of the date unit is needed)

NAME OF EMPLOYER

PHONE

NAME OF SUPERVISOR

FAX

CITY

STATE

ZIP

DATES EMPLOYED

START DATE

END DATE

POSITION

SALARY

PREVIOUS EMPLOYER

NAME OF EMPLOYER

PHONE

NAME OF SUPERVISOR

FAX

CITY

STATE

ZIP

DATES EMPLOYED

START DATE

END DATE

POSITION

SALARY

CREDIT AND BANKING REFERENCES

CREDIT REFERENCES

NAME CITY/STATE MONTHLY PYMT

BANK REFERENCES

CHECKING BANK/BRANCH CITY/STATE PHONE
SAVINGS
OTHER

EMERGENCY CONTACT

NAME RELATIONSHIP
STREET ADDRESS PHONE
CITY STATE ZIP

IMPORTANT TO APPLICANT

1. Market Rents may vary and are not guaranteed beyond the date of this Application.
2. The undersigned understands that a non-refundable application fee is hereby accepted. This fee is accepted to reimburse the Landlord for the cost of verifying the information provided above. Landlord will make inquiries to obtain information regarding Applicants income, rental history, criminal background and credit worthiness. Landlord will provide Applicant, upon request, the written rental criteria used to determine whether this Application is accepted or rejected.
3. Applicant understands that by submitting this application and paying any related fees or deposits, that Applicant requests Landlord to remove from its unit availability listing, a specific apartment. Applicant further understands that until a lease is signed, Landlord cannot guarantee the availability of any specific unit.
4. All applicants 18 years of age and older who will reside in the leased apartment must complete an application and be approved individually. Applicant certifies that he/she is above the legal age of majority and that the above information contained in this Application is true and correct. Applicant authorizes owner or agent to make inquiries and gather information in order to approve or reject the Application. Applicant understands that any lease contract entered into by the Landlord may be terminated at any time by the landlord if representations made in this Application are discovered to be false.
5. Applicant authorizes Landlord to respond to authorized requests, either orally or in writing. Applicant authorizes Landlord to verify any and all information contained in this application, and to inquire into my credit, character, general reputation, personal characteristics, and mode of living, and I release all concerned from any liability in connection with any information they give.

SIGNATURE
NAME

DATE

DO YOU HAVE PETS? HOW MANY?

BREED(S)/WEIGHT(S)

WILL YOU NEED A VISUAL RESPONSE SMOKE DETECTOR IN YOUR APARTMENT?

(This is an optional question, however, by law we are required to provide visual response smoke detectors to all hearing impaired residents. Your response will in no way affect your application for rental.)



Criminal Background Check Authorization

My signature below grants Lakeside Apartments the right to conduct a criminal background check on me for any convictions. I understand that management reserves the right to reject my application if I have been convicted of the illegal manufacture or distribution of a controlled substance as defined by federal law; or on the grounds that I pose a clear and present threat of substantial harm to others or the dwelling itself; or on the ground that I, based upon a prior record of criminal convictions involving harm to persons or property, would constitute a clear and present threat to the health or safety of other individuals.

Please print full name: (required)

_____ First Name	_____ Middle Name	_____ Last Name
_____ Signature		_____ Date