



FRANKLIN LANDINGS RENTAL APPLICATION

Please print or type on top of the lines provided: Each applicant must complete an application
Please read and sign the Resident Screening Guidelines prior to completing application



Equal Housing
Opportunity

A P P L I C A N T	Applicant's Full Legal Name _____		D.O.B. _____	Soc. Sec. # _____
	() - _____	() - _____	() - _____	
	Home Phone # _____	Work Phone # _____	Cell Phone # _____	E-mail address _____
	How Were You Referred To Franklin Landings? _____			

3 Y E A R R E S I D E N C Y	Present Street Address _____ Apt. # _____ City _____ State _____ Zip Code _____
	Dates: From - To _____ Yes / No Own home? _____ If "No," Landlord's Name _____ Landlord's Phone # _____
	Previous Street Address (1) _____ Apt. # _____ City _____ State _____ Zip Code _____
	Dates: From - To _____ Yes / No Own home? _____ If "No," Landlord's Name _____ Landlord's Phone # _____
	Previous Street Address (2) _____ Apt. # _____ City _____ State _____ Zip Code _____
	Dates: From - To _____ Yes / No Own home? _____ If "No," Landlord's Name _____ Landlord's Phone # _____
	Do You Owe Rent To A Previous Landlord Yes / No _____ Have You Ever Been Evicted and/or Sued For Non-Payment of Rent? Yes / No _____ Current Rent \$ _____
	Have You Ever Been Sued For Damage To Rental Property? Yes / No _____ Have You Ever Filed For Bankruptcy Yes / No _____ Year _____

I N C O M E & A S S E T S	Current Employer (1) _____ Employer's Street Address _____ City _____ State _____ Zip Code _____
	Applicant's Position _____ Dates: From - To _____ Annual Gross Income \$ _____
	Verification Contact _____ Contact's Phone # _____ Contact's Fax # _____ Contact's e-mail address _____
	Current Employer (2) - if applicable _____ Employer's Street Address _____ City _____ State _____ Zip Code _____
	Applicant's Position _____ Dates: From - To _____ Annual Gross Income \$ _____
	Verification Contact _____ Contact's Phone # _____ Contact's Fax # _____ Contact's e-mail address _____
	\$ _____
	Amount of Other Income/Assets _____ Source of Other Income/Assets _____

O C C U P A N T S	Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____ Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____ Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____ Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____ Co-signer / Guarantor _____ D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependand _____ D.O.B. _____

P E T S	Pet Type _____ Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____ Weight _____
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A U T O S	Make _____ Model _____ Year _____ Color _____ License Plate # & Issuing State _____ Driver's License # & Issuing State _____
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C O N T A C T S	Emergency Contact's Name (1) _____ Relationship to you _____
	Emergency Contact's Address _____ Apt. # _____ City _____ State _____ Zip Code _____
	() - _____ () - _____ () - _____
	Home Phone # _____ Work Phone # _____ Cell Phone # _____ E-mail address _____
	Emergency Contact's Name (2) _____ Relationship to you _____
	Emergency Contact's Address _____ Apt. # _____ City _____ State _____ Zip Code _____
	() - _____ () - _____ () - _____
	Home Phone # _____ Work Phone # _____ Cell Phone # _____ E-mail address _____

FOR OFFICE USE ONLY						
Apartment # Applying For _____	Unit Size/Type _____	Floor _____	Est. MI Date _____	Monthly Rent _____	Other Fees _____	Security Dep. _____
Special Requests _____					Lease Term: From - To _____	
Date Applicant Notified By: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person of <input type="checkbox"/> Acceptance or <input type="checkbox"/> Denial _____						
Leasing Agent That Rented Apt. _____			Leasing Agent That Notified Applicant of Decision _____			
Franklin Landings received a non-refundable application fee of \$ _____ and a reservation fee of \$ _____ with Check or Money Order # _____ on _____ which is considered the date of application.						
Balance due at move-in must be paid in the form of a certified check or money order						

I understand that the Owner/Agent will collect a non-refundable application fee and a reservation fee as stated above. I also understand that I will have three days from the date of application to cancel this Rental Application. After the expiration of this three day period, I understand that the reservation fee will be retained by the Owner/Agent to offset administrative costs, maintenance costs, and the cost associated with holding the apartment off of the market. I understand that this application is subject to acceptance or denial. If this application is denied the reservation fee will be returned to applicant. This application will be processed in accordance with the applicable property's Resident Screening Guidelines in effect on the date of application. I hereby authorize Owner/Agent to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. Should any statement made in this rental application be a misrepresentation or untrue, the application will be denied immediately.

Applicant's printed name _____	Date _____
Applicant's signature _____	Date _____
Owner/Agent's signature _____	Date _____