

Date Received: _____

Amount Received: _____

Move-in: _____



Unit Size: _____

of Occupants: _____

Security Deposit: _____

Rental Application

APPLICANT

CO-APPLICANT

Full Legal Name _____

Full Legal Name _____

Soc. Sec. # _____

Soc. Sec. # _____

Date of Birth: _____

Date of Birth: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Occupants under 18 years of age:

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Pets:

Breed: _____ Color _____ Weight _____ Age _____ City License # _____

Breed: _____ Color _____ Weight _____ Age _____ City License # _____

**No more than two (2) pets are allowed per apartment. Each pet must not weigh more than 25 lbs.

Residency Information

APPLICANT

CO-APPLICANT

Present Address _____ Apt # _____

Present Address _____ Apt # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Length of Residence _____ Phone # _____

Length of Residence _____ Phone # _____

Own _____ Rent _____ Mo. Payment \$ _____

Own _____ Rent _____ Mo. Payment \$ _____

Landlords Name _____

Landlords Name _____

Landlords Address _____

Landlords Address _____

_____ Phone # _____

_____ Phone # _____

Previous Address _____ Apt # _____

Previous Address _____ Apt # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Length of Residence _____ Phone # _____

Length of Residence _____ Phone # _____

Own _____ Rent _____ Mo. Payment \$ _____

Own _____ Rent _____ Mo. Payment \$ _____

Landlords Name _____

Landlords Name _____

Landlords Address _____

Landlords Address _____

_____ Phone # _____

_____ Phone # _____

EMPLOYMENT INFORMATION

APPLICANT

CO-APPLICANT

Present Employer _____
Address _____
City _____ State _____ Zip _____
Phone _____ Position _____
Supervisor _____ Gross Wkly Salary _____
Employment Dates: From _____ To _____

Present Employer _____
Address _____
City _____ State _____ Zip _____
Phone _____ Position _____
Supervisor _____ Gross Wkly Salary _____
Employment Dates: From _____ To _____

Previous Employer _____
Address _____
City _____ State _____ Zip _____
Phone _____ Position _____
Supervisor _____ Gross Wkly Salary _____
Employment Dates: From _____ To _____

Previous Employer _____
Address _____
City _____ State _____ Zip _____
Phone _____ Position _____
Supervisor _____ Gross Wkly Salary _____
Employment Dates: From _____ To _____

Other sources of Income: _____

Other sources of Income: _____

Vehicle

Year _____ Make _____ Model _____
Color _____ Tag # _____
Drivers License # & State _____
Parking Inside _____ Parking Outside _____ N/A _____

Vehicle

Year _____ Make _____ Model _____
Color _____ Tag # _____
Drivers License # & State _____
Parking Inside _____ Parking Outside _____ N/A _____

Emergency Contact (person not residing with you)

Name _____ Phone _____
Address _____
Relationship: _____

Emergency Contact (person not residing with you)

Name _____ Phone _____
Address _____
Relationship: _____

Applicant(s) certifies and represents that all information submitted for application to The Ocean at 101 Boardwalk, LLC is true and correct. Applicant(s) authorize the Landlord to verify all information contained in this application, and also authorizes all current and previous Employers, Landlords, and Creditors to release all information concerning Application or Applicant(s) accounts for the purpose of verifying the application and determining the applicant's ability to qualify for the contractual obligations of the Lease. This authorization will continue through the Lease and through all renewals of the Lease. Applicant releases any agent delivering this information for Landlord from any inadvertent error. Applicants will be conditionally approved via income prior to running a full background screening to include Landlord Tenant Court Cases, Credit Check, and Criminal Background Check.

Signature of Applicant _____ Date _____

Email address of Head of Household: _____

Signature of Co-Applicant _____ Date _____

