Date Received:	
Amount Received:	
Move-in:	



Unit Size:	
# of Occupants:	
Security Deposit:	

	APPLICANT	Rental A	pplication	CO-APPLICANT	
Full Legal Name			Full Legal Name		
			Soc. Sec. #		
			Date of Birth:		
			Phone #:		
Email:			Email:		
Occupants under 18	l years of age:				
Name		Relationship		Date of Birth	
Name	<u> </u>	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 the	han 25 lbs.	
		Residency l	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 CO-APPLICANT APPLICANT Present Employer Present Employer Address _____ City_____State___Zip___City____State__Zip____ Phone ______ Position _____ Phone _____ Position _____ Supervisor _____ Gross Wkly Salary ____ Supervisor ____ Gross Wkly Salary _____ Employment Dates: From ______ To _____ Employment Dates: From _____ To _____ Previous Employer____ Previous Employer Address Address City ______ State ____ Zip ____ City _____ State ___ Zip ____ Phone Position _____ Phone ______Position _____ Supervisor ____ Gross Wkly Salary____ Supervisor Gross Wkly Salary_____ Employment Dates: From ______To _____To _____To _____To ______To ______To _____ Other sources of Income: _____ Other sources of Income: _____ Vehicle Vehicle Year _____ Make _____ Model _____ Year ____ Make _____ Model ____ Color ______ Color _____ _____Tag # ____ Drivers License # & State Drivers License # & State Parking Inside Parking Outside N/A Parking Inside Parking Outside _____N/A ____ **Emergency Contact** (person not residing with you) Emergency Contact (person not residing with you) Name Phone Name Phone Phone Address Relationship: 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 _____