

APPLICANT INFORMATION

Full Legal Name: First Middle Last Suffix

Current Street Address

City, ST Zip

Phone Number: _____

If you have not lived at your current address for 12 months, indicate additional information. Prior address:

City, ST Zip

APPLICANT IDENTIFICATION

Are you a U.S. Citizen: Yes No

Social Security Number: _____

Drivers License or State issued ID card # _____ State _____

Date of Birth (mm/dd/yyyy)

Email Address: _____

Gender: Male Female

Classification when lease term begins: Freshman Sophomore Junior Senior Graduate

NONREFUNDABLE PROCESSING FEES

In order to process your application and prepare your lease document, you agree to pay the following fees when you submit the application for review:

Application Fee: **\$35.00** Deposit: **\$200.00**

AUTHORIZATION

I authorize Stadium Walk Apartments to verify the above information by all available means. Stadium Walk Apartments is not required to reverify or investigate preliminary findings. Our privacy policy is available upon request.

Applicant's signature: _____ Date: _____

CANCELLATION POLICY

You may, in writing, cancel the lease until three (3) days after the date of the Application (the "Lease Cancellation Date") unless you have taken possession of the Premises).

If you give us written notice of your cancellation on or before the Lease Cancellation Date, we will refund to you the security deposit but not the administrative processing fee or the application fee. If you cancel after the Lease Cancellation Date, you will be in violation of the lease and responsible for the entire lease term. We may retain your deposit and apply it to any amounts you owe under the lease.

After the Lease Cancellation Date, we have the right to terminate the lease if, for any reasons, we later reject this Application or any guaranty (although in such a case we will refund the security deposit but not the administrative processing or the application fee).

Applicant's Initials _____ Owner's Representative Initials _____

ACKNOWLEDGMENT

You declare that all your statements on this Application are true and complete. By signing this application, you represent that you have never: 1) been arrested for a felony, sex-related crime, or criminal violation involving the sale or manufacture of illegal drugs that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision or pretrial diversion; 2) been arrested for a felony, sex-related crime, or criminal violation involving the sale or manufacture of illegal drugs that has not been resolved by any method. You authorize us to verify this information through all available means, including credit reports, consumer reports and rental history reports, but we're not required to verify or investigate any preliminary findings. If you've failed to answer any question or if you have given any false information, (1) we're entitled to reject this Application, (2) retain all processing fees and deposits as liquidated damages for our time and expense, and (3) terminate any right you have to lease the bedroom, or (4) if you have signed the Lease, it will be a violation of the Lease.

In any lawsuit relating to this Application, the prevailing party is entitled to recover attorneys' fees and all other costs of litigation from the losing party. We reserve the right to furnish information to consumer reporting agencies and other rental housing owners about the performance of our residents on their Lease obligations. This information may be reported at any time and include both favorable and unfavorable information regarding your compliance with the Lease, the rules, and your financial obligations.

Applicant's signature: _____ Date: _____

Applicant Name: _____

GUARANTOR INFORMATION

Name: First Middle Last Suffix

Current Street Address

City, ST Zip

Phone Number:

GUARANTOR WORK INFORMATION

Present Employer

Address

City, State Zip

Phone Number:

Gross Monthly Income

Other Additional Monthly Income

VEHICLE INFORMATION (List all vehicles to be parked by you (including cars, trucks, motorcycles, etc.)

Color, make and model: _____ Year: _____ License #: _____ State: _____

EMERGENCY CONTACT INFORMATION

First Middle Last

Home Phone

Current Street Address

Work Phone

City, ST Zip

Relationship

Important medical information in case of emergency:

Local doctor name and phone number:

E-mail Address: _____

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person: we may allow the above person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not obligated to do so.

FOR OFFICE USE ONLY

1. Apartment name or dwelling address (street, city): _____ Unit # or type: _____
2. Person accepting application: _____ Phone: (_____) _____
3. Person processing application: _____ Phone: (_____) _____
4. Date that applicant or co-applicant was notified by telephone, letter or in person of acceptance or non-acceptance: _____
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): _____
6. Name of owner's representative who notified above person(s): _____