

**JUDWIN PROPERTIES, INC.
APARTMENT RENTAL APPLICATION**

| | | | |
|-----------------------------|-------------------------|--------------------|---------------------|
| PROPERTY NAME: _____ | | DATE: _____ | |
| _____ | _____ | _____ | _____ |
| <i>APT. NO.</i> | <i>EXPECTED MOVE-IN</i> | <i>CARD NUMBER</i> | <i>AGENT'S NAME</i> |

ALL ADULT APPLICANTS ARE REQUIRED TO COMPLETE SEPARATE APPLICATIONS UNLESS MARRIED

| | | | |
|--|--------------|------------------------|-------------------|
| APPLICANT: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED | | | |
| LAST NAME: _____ | | INITIAL: _____ | FIRST NAME: _____ |
| DOB: _____ | S.S.#: _____ | HOME PHONE #: _____ | |
| DRIVERS LICENSE #: _____ | STATE: _____ | E-MAIL: _____ | |
| PRESENT ADDRESS | | | |
| STREET: _____ | | APARTMENT#: _____ | |
| CITY: _____ | | STATE: _____ | ZIP: _____ |
| LANDLORD / MORTGAGE CO: _____ | | PHONE #: _____ | |
| HOW LONG AT THIS ADDRESS? _____ | | MONTHLY PAYMENT: _____ | |
| PREVIOUS ADDRESS | | | |
| STREET: _____ | | APARTMENT#: _____ | |
| CITY: _____ | | STATE: _____ | ZIP: _____ |
| LANDLORD / MORTGAGE CO: _____ | | PHONE #: _____ | |
| HOW LONG AT THIS ADDRESS? _____ | | MONTHLY PAYMENT: _____ | |
| EMPLOYER | | | |
| COMPANY NAME: _____ | | PHONE #: _____ | |
| STREET: _____ | | | |
| CITY: _____ | | STATE: _____ | ZIP: _____ |
| POSITION: _____ | | START DATE: _____ | |
| MONTHLY INCOME: _____ | | SUPERVISOR: _____ | |



PREVIOUS EMPLOYER

COMPANY NAME: _____ PHONE #: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ START DATE: _____ END DATE: _____

MONTHLY INCOME: _____ SUPERVISOR: _____

SOURCES OF OTHER INCOME

FROM: _____ MONTHLY INCOME: _____

FROM: _____ MONTHLY INCOME: _____

SPOUSE:

LAST NAME: _____ INITIAL: _____ FIRST NAME: _____

DOB: _____ S.S.#: _____ HOME PHONE #: _____

DRIVERS LICENSE #: _____ STATE: _____ E-MAIL: _____

EMPLOYER

COMPANY NAME: _____ PHONE #: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ START DATE: _____

MONTHLY INCOME: _____ SUPERVISOR: _____

PREVIOUS EMPLOYER

COMPANY NAME: _____ PHONE #: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ START DATE: _____ END DATE: _____

MONTHLY INCOME: _____ SUPERVISOR: _____

SOURCES OF OTHER INCOME

FROM: _____ MONTHLY INCOME: _____

FROM: _____ MONTHLY INCOME: _____



OTHER OCCUPANTS

THE APARTMENT IS TO BE OCCUPIED BY: # OF ADULTS: _____ # OF MINORS: _____

MINOR'S LAST NAME: _____ FIRST NAME: _____ DOB: _____

MINOR'S LAST NAME: _____ FIRST NAME: _____ DOB: _____

MINOR'S LAST NAME: _____ FIRST NAME: _____ DOB: _____

DO YOU HAVE ANY PETS? Yes No

IF YES, HOW MANY? _____ TYPE: _____ WEIGHT: _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE NUMBER: _____ STATE OF REGISTRATION: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE NUMBER: _____ STATE OF REGISTRATION: _____

GENERAL INFORMATION

HAVE YOU LIVED IN THIS APARTMENT COMMUNITY BEFORE? Yes No

IF YES, WHEN? _____

DO YOU OWE RENT TO ANY PREVIOUS LANDLORD? Yes No

IF YES, TO WHOM? _____ AMOUNT: _____

WHY ARE YOU MOVING FROM YOUR PRESENT ADDRESS? _____

HAVE YOU GIVEN NOTICE TO YOUR LANDLORD? Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

IN CASE OF EMERGENCY CONTACT

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

STREET: _____ APARTMENT #: _____

CITY: _____ STATE: _____ ZIP: _____

IN CASE OF EMERGENCY, IS THE ABOVE CONTACT ALLOWED IN YOUR APARTMENT?

Yes No

DO YOU HAVE RENTER'S INSURANCE? Yes No

IF YES, INSURANCE COMPANY: _____ POLICY NUMBER: _____



ASSETS

Do you own real estate? Yes No If yes, what is the current market value? _____

If you have a mortgage on the property, how much is the current balance owed? _____

| Household Member | Type of Asset | Cash Value of Asset | Annual Income from Asset |
|------------------|---------------|---------------------|--------------------------|
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EXPENSES

Does your household pay childcare? Yes No If yes, how much? _____

Does your household have medical expenses? Yes No If yes, how much? _____

Does your household pay a care attendant for a disabled household member? Yes No If yes, how much? _____

SIGNATURES I understand that the information requested above is to determine if I am eligible/not eligible for the HOME program?

Signature of Applicant Date Signature of Applicant Date



IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN. JUDWIN PROPERTIES PROUDLY ADHERES TO TITLE VIII OF THE CIVIL RIGHTS ACT OF 1974 AND THE 1988 AMENDMENT.

APPLICATION AGREEMENT

1. APPLICATION FEE (NOT REFUNDABLE). Applicant has delivered to owner’s representative an “application fee” in the amount of \$ 50.00 which partially defrays the cost of administrative paperwork and is not refundable.
2. DEPOSIT. In addition to the above application fee, applicant has delivered to owner’s representative a deposit in the amount indicated below. If you or any co-applicant withdraws this application for any reason, or if you fail to sign a lease after your application has been received, the deposit of all applicants can be retained by owner as liquidated damages and the parties will have no further obligations to each other. If your application is not approved, the deposit (but not the Application or Administration Fee’s) will be returned to you.

| | | | |
|----|---------|---|----------|
| 3. | RECEIPT | APPLICATION FEE (not refundable) | \$ 50.00 |
| | | ADMINISTRATION FEE (not refundable) | \$ 80.00 |
| | | APPLICATION DEPOSIT (may or may not be refundable) ** | \$ _____ |
| | | Total | \$ _____ |

**** Additional deposit may be required before move in.**

4. I certify that the above information is given freely and to the best of my knowledge is true. Landlord or his agent is authorized to verify the accuracy and correctness of these statements and to check my credit history. I expect you to rely on this information, and I agree that if any information herein contained is false, that any contract made on the strength of this application may, at your option, be terminated. I also understand that this application must be approved before occupancy will be allowed and if not approved that my deposit refund will be mailed within 30 days of the date the application is denied.

Signature of Applicant _____ Date _____

Signature of Applicant’s Spouse _____ Date _____

Agent’s Signature _____ Date _____

