



CAMBRIDGE MANAGEMENT SERVICES, INC. LEASING APPLICATION

(Each Occupant Over the Age of 18 - Must Complete an Application)

Marital Status: Married Single Current Home Phone #: () _____

Community Representative: _____

Applicant:

Last Name First Middle Social Security Number Date of Birth

Driver's License # State Email Address

Spouse:

Last Name First Middle Social Security Number Date of Birth

Driver's License # State Email Address

Other Occupants:

Name Date of Birth Name Date of Birth

Name Date of Birth Name Date of Birth

Pets: Birds Fish Cat Dog Number of Pets: _____

Pet Name Breed Pet Name Breed

Applicant Employment: (Must Verify 2 Years)

Current Employer:

Employer Name & Address Date of Hire Position / Title

Human Resources Dept. Phone # / Work # Contact Name \$ Annual Income

Previous Employer:

Employer Date of Hire Position / Title

Human Resource Phone# Contact Name \$ Annual Income

Spouse Employment: (Must Verify 2 Years)

Current Employer:

Employer Date of Hire Position / Title

Human Resource Phone# Contact Name \$ Annual Income

Applicant Rental/Mortgage History: (Must Verify 2 Years)

Current Landlord:

Rental Address City State / Zip Code Move In Date / Move Out Date

Landlord / Mortgage Company Landlord Phone # Monthly Payment

Previous Landlord:

Rental Address City State / Zip Code Move In Date / Move Out Date

Landlord / Mortgage Company Landlord Phone # Monthly Payment

Auto and Emergency Contacts:

Vehicle: Year Make Model Color License Plate Number / State

Vehicle: Year Make Model Color License Plate Number / State

Emergency Contact Name: Phone #: Alternate phone #

Address: Relationship: _____

AUTHORIZATION TO VERIFY INFORMATION: Applicant(s) represent that the above statements are true and complete and hereby authorize verification of any and all information including release of information by any financial institution, employer (present and former) and landlord (present and former). Applicant(s) acknowledge that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and forfeiture of deposits and may constitute a criminal offense under State law. **APPLICATION DEPOSIT AGREEMENT:** Applicant(s) have tendered a faith deposit (hereinafter referred to as ADeposit) in the amount of \$ _____. In consideration of Owner taking the dwelling off the market while considering approval of the Application. If Applicant(s) are approved, the Deposit paid will be deposited into a non-interest bearing escrow account to remain in such for the duration of the Applicant(s) residency. If the Applicant(s) are approved and fail to promptly enter into the Lease Agreement for the dwelling, the Deposit will be retained by the Owner and considered compensation for expenses incurred and loss of revenue as a result of taking the dwelling off the market. The Deposit will be refunded only if Applicant(s) is not approved. Unless the Deposit is made in the form of money order or cashiers check, the Deposit will not be refunded until the check has cleared. KEYS WILL BE FURNISHED only after the Lease Agreement and other rental documents have been properly executed by all parties and applicable rent/security deposit/fees have been paid. APPLICATION FEE: Applicants acknowledge that the \$ _____ application fee paid is non-refundable. Wickham Village is Agent for and paid by the Owner. It is understood that this Application is preliminary only and does not obligate Owner or Owner=s Agent to execute a Lease or deliver possession of the proposed dwelling.

APPLICANTS SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____



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Release of Information and Authorization for Verification of Application

Unmarried co-applicants must fill out a separate release

Marital Status: Married Single

Name _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First MI Jr,Sr Prior

Driver's License # _____ State _____

Name _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First MI Jr,Sr Prior

Driver's License # _____ State _____

Present Address:

Street Apt# City State Zip Code

Please provide a previous address if you have lived at your current address for less than 24 months

Previous Address:

Street Apt# City State Zip Code

Have you ever had an eviction filed against you?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you ever left owing money to any owner or landlord?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you or any occupants ever been convicted of, arrested for, put on probation for, or had adjudication withheld or deferred for a felony offense?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____ Occupant: Yes _____ No _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute a criminal offense under the laws of this State. I/We hereby release Wickham Village and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquires. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant Signature

Date

Spouse Signature

Date

EQUAL HOUSING OPPORTUNITY
We Do Business in Accordance With the Federal Fair Housing Law
It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap,
Familial Status, or National Origin

WICKHAM VILLAGE APARTMENTS ASSET ADDENDUM LEASING APPLICATION

(Each Occupant Over the Age of 18 - Must Complete an Application)

Applicant:

Last Name	First	Middle	Social Security Number	Date of Birth
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Spouse:

Last Name	First	Middle	Social Security Number	Date of Birth
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Other Occupants:

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

Bank References: (List Checking & Savings)

Bank Name	Location	Checking Account #	Balance
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Bank Name	Location	Savings Account #	Balance
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Assets and Asset Income: (IRA, CD, Bonds, Equity in Property., etc.)

Type of Asset Asset	Value	Annual Income Derived from
Type of Asset	Value	Annual Income Derived from Asset

Other Income: (Child Support, Alimony, Family Assistance, Part - Time Job, etc.)

Type of Income	Gross Annual Amount
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Type of Income	Gross Annual Amount
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APPLICANT SIGNATURE

DATE

SPOUSE SIGNATURE

DATE



Equal Housing Opportunity