



Rental Application

Malls Olde English Village Apartments

Read and sign this Special Agreement:

- A) The signing of a lease is discouraged unless the lessee intends to fulfill the terms of the lease.
- B) A deposit is required at the time of application. If applicant is accepted and does not move in the TOTAL deposit will be forfeited.
- C) If applicant is not approved, the deposit will be refunded in full.

Signature _____ Date _____

Date of Application: _____ CURRENT PHONE NO _____

PLEASE PRINT Notice: *Co-Applicant, if not spouse, must complete a separate Rental Application. All applicants must provide Identification and/ or Passport documents!*

Name _____ Social Security No. _____
First Middle Last

Date of Birth _____ Drivers License No./State _____ Email _____

Spouse's Name _____ Social Security No. _____
First Middle Last

Date of Birth _____ Drivers License No./State _____

Marital Status:
 Single
 Married
 Divorced

Do you or your Co-Applicant intend to have a pet? _____ CAT or DOG
 (Note: Restrictions Apply)

(Please list below all persons who will be living in the apartment including co-applicants and children.)

Full Names of All Applicants & children	Relationship to You	Date of Birth/Age

PLEASE GIVE YOUR RESIDENCE HISTORY *(Beginning With the Most Current)*

Current Address: _____
Street City, State, Zip Dates From & To Monthly Payment

Present Landlord & Address: _____ Phone #: _____

Roommate(s) Name(s) _____ Reason for Leaving _____

Previous Address: _____
Street City, State, Zip Dates From & To Monthly Payment

Previous Landlord & Address: _____ Phone #: _____

Roommate(s) Name(s) _____ Reason for Leaving _____

Parents Name & Address: _____
(REQUIRED) Name Street City, State, Zip

Work Phone _____ Phone #: _____
Country

HAVE YOU OR YOUR CO-APPLICANT(S) EVER: Been sued for non-payment of rent? _____ No _____ Yes
 Been evicted or asked to move out? _____ No _____ Yes Broken a Rental Agreement or Lease? _____ No _____ Yes
 Been sued for damage to rental property? _____ No _____ Yes Declared Bankruptcy? _____ No _____ Yes

CONTINUED OVER

EMPLOYMENT & STUDENT HISTORY

Your Status: ___ Employed Full Time ___ Employed Part Time ___ Student ___ Retired ___ Not Employed

Student Information: Where _____ Start Date _____ End Date _____

Student Loans/Scholarships: _____ Amount(s) _____

Employment Information:

Current Employer _____ Position _____

Address _____ Phone No. _____

Date Employed From _____ To _____ Gross Monthly Wages _____ Supervisor _____

Previous Employer _____ Position _____

Address _____ Phone No. _____

Date Employed From _____ To _____ Gross Monthly Wages _____ Supervisor _____

Other Income: Source _____ Total Monthly Amount _____

Bank Name _____ Checking ___ Savings ___ Address _____

Bank Name _____ Checking ___ Savings ___ Address _____

Major Credit Cards: _____

Number of cars YOU will have at this address (Including Company Cars): _____

Make _____	Color _____	Year _____	State _____	Tag # _____
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Make _____	Color _____	Year _____	State _____	Tag # _____
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TYPE OF UNIT DESIRED

Number of Bedrooms _____ Desired Move in Date _____ Floor Level (1st Choice) _____ (2nd Choice) _____

Number of Bathrooms _____ Desired Length of Lease _____ Fireplace: Y N Courtyard Y N

Remodeled Unit: Y N Carport: Y N Storage: Y N

What is the most important feature to you? _____

Other Comments: _____

How did you hear about us? _____
 What made you decide to apply at Malls Olde English Village Apartments? _____

Authorization to Check Application:

*This application and the content thereof are represented, by me, to be accurate and complete. I understand that by signing the application, I am authorizing Malls Olde English Apartments to check my **credit, rental, & criminal** histories.*

Signature Date

Signature Date

FOR OFFICE USE ONLY Date _____

Apt # _____ MI _____ Rent Amount _____

Bedrooms _____ Bathrooms _____ Floor _____

RM / URM CY _____ FP _____ CP _____ ST _____

LU _____ SUBLET _____ Roommate Add/Change _____

Sec. Dep. _____ Paid by Applicant _____

Co-Sign Req/Rec _____ / _____ Pet Fee/ Pd _____ / _____

Date Approved _____ Date Notified _____

ID ATTACHED: _____ TP _____ Notes: _____