

Tallarigo Properties
Application and Offer to Lease
(must be fully completed)

Applying for Apt. Located at: _____ Apt.# _____ Date: _____

Name: _____ Maiden Name: _____
(First) (Middle) (Last)

Telephone-Cell: _____ Work: _____ Email: _____

Date of Birth: _____ Age: _____ Social Security # _____

Current Address: _____
(Street #) (City) (State) (Zip)

Current Owner: _____
(Name) (Address) (Phone) (Email)

of Occupants at Present Address: _____ Move-In Date: _____ Present Rent: _____ /Mo. + Util.\$ _____

Do you pay: heat/gas/electric/water Name used for utility billings: _____

Is there any other relationship between you and your present owner? _____

Reason for Leaving: _____

Previous Owner: _____ Dates: _____ Rent \$ _____ /mo.
(Name) (Phone) (Address of previous apartment/home)

Is there any other relationship between you and your previous owner? _____

Employer : _____
(Company Name) (Address)

Supervisor: _____ Phone: _____ Start Date: _____

Position: _____ Hours/Week: _____ Net Income/Week: _____

To qualify, gross income from all sources should meet or exceed three times the monthly rental rate for the apartment type. If self - employed, a copy of the previous year's tax return may be required.

Any other relationship between you and your employer/supervisor? _____

Any other source of income: _____ Net Income/Week: _____

Previous Employer: _____ Position: _____ Supervisor: _____ Phone: _____

Any other relationships between you and your previous employer? _____ Start Date: _____ End Date: _____

Do you own a vehicle? Y/N _____ Is vehicle in your name? _____ Loan Amount: _____
(Make) (Model) (Year)

Driver's License#: _____ State: _____ Issue Date: _____ License Plate#: _____

Address on Driver's License: _____
(Street Address) (City) (State) (Zip)

Have you even been evicted or asked to vacate? _____ Date: _____ Unable or refused to pay rent? _____ Date: _____

Filed for Bankruptcy? _____ Date: _____ Have you ever been sued? _____ Date: _____

Have you ever been convicted of a crime? (If yes, explain) _____ Do you smoke? _____

Personal References

Nearest Relative - (Name) (Address) (Zip) (Phone) (Email) Own or Rent? _____

Emergency Contact - (Name) (Address) (Zip) (Phone) (Relationship) (Email)

In the event the applicant is incapacitated, does the emergency contact person have permission to enter, remove & store personal property located in the dwelling unit? Yes or No

Do you currently have Liability Insurance? Yes No Do you currently have Renter's Insurance? Yes No Coverage
If Yes: Insurance Co: _____ Dates of Coverage _____ Policy # _____ \$ Amt _____

OFFER TO LEASE

The undersigned hereby offers to rent apartment # _____ located at _____

for a minimum of _____ months at a monthly rent of \$ _____, commencing _____, and

on acceptance of this offer, which shall remain open until _____, signs the Lease Agreement and submits
(Applicants Name)

the Security Deposit of \$ _____ on _____ and herewith submits \$ _____ as a non-
(Date)
refundable application fee.

Please list all other occupants that will occupy the premises.

Name _____ Date of Birth _____
First Middle Last

Name _____ Date of Birth _____
First Middle Last

Name _____ Date of Birth _____
First Middle Last

Pets: _____ M/F _____ Age _____

Pet Fee: \$ _____

Pet Notes: _____

Spade/Neutered, Claws? Caged? (Circle all that apply)

Tanks/Aquariums? Yes No

VERIFICATION AUTHORIZATION

The undersigned applicant represents that the statements made herein are correct and will be liable for any damages owner/agent incurs in reliance thereon and hereby authorizes verification and credit check, including a possible police report. I, the undersigned applicant, understand that this application does not constitute any oral and/or written commitments on the part of the owner/agent. This application may be declined as a result of any misrepresentation or insufficient information or as a result of incomplete application.

Signature: _____ Date: _____