

Apartment Community _____

For office use only	Date	Apartment #	Monthly Rental \$
	Lease Term	Lease Start Date	Security Deposit / Move-In Fee(circle one) \$
	Monthly Parking Fee(s) \$		Pet Fee / Deposit \$
	Special Provisions		Leasing Consultant

APPLICANT	Name		Date of Birth	
	Social Security #		Photo ID #	
	Present Employer		Work Telephone #	
	Address		Income \$	
	Employed As		From	to
	Supervisor's Name		Telephone	
	Previous Employer		From	to
	Current Address			
	Telephone		Occupancy Dates	to
	Landlord's Name		Landlord's Telephone #	
	Rental Amount \$		Reason for Leaving	

CO - APPLICANT	Previous Address		Occupancy Dates	
	Landlord's Name		Landlord's Telephone #	
	Rental Amount \$		Reason for Leaving	
	Bank Checking			
	Bank Savings			
	Co-Applicant		Date of Birth	
	Social Security #		Photo ID #	
	Present Employer		Work Telephone #	
	Address		Income \$	
	Employed As		From	to
	Supervisor's Name		Telephone	
	Previous Employer		From	to

Current Address			
Telephone		Occupancy Dates	to
Landlord's Name		Landlord's Telephone #	
Rental Amount \$		Reason for Leaving	
Bank Checking			
Bank Savings			

Other Occupants and their Relationship: _____
 Pets (Type : Weight) _____
 Vehicles: Make, Model, Year, Color _____
 State _____ License Plate # _____

Emergency Contact: Name _____ Telephone _____
 Address _____

I/we hereby apply to lease the aforementioned premises for the term set forth. I/we certify that the information given in this application is true to the best of my/our knowledge and I/we have not knowingly withheld any fact or circumstance which would, if disclosed, affect my/our application unfavorably. I/we understand that it is the policy of Paradigm Management to permit a maximum of two (2) persons per bedroom and agree to abide by the policy as a condition of my/our residence.

I/we hereby deposit \$ _____ to be refunded to me/us if this application is not accepted. I/we hereby waive any claim for damages by reason of non-acceptance.

I/we understand that if I/we do not wish to sign a lease for the apartment, I/we must notify the leasing office within 48 hours from the date below. I/we understand that if I/we fail to do so, I/we forfeit my/our deposit.

I/we recognize that as part of the procedure for processing my/our application a consumer credit report will be obtained from a credit reporting agency, which will appear as an inquiry on my file, and will be verified through personal interviews. I/we authorize these sources to release such information to Paradigm Management. I/we understand that my/our lease may be cancelled if any of the above information is deemed to be false or misleading. Additionally, it is understood that information obtained during the application process may be used to collect further debts owed.

I/we hereby consent to allow Paradigm Management to obtain criminal record information for the purpose of determining whether to lease an apartment to me/us. I/we also agree and understand that Paradigm Management and its employees may obtain additional criminal record reports on each of us in the future to update or review our account. Upon my/our request, Paradigm Management will tell me/us whether criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

Signature of Applicant	Date Received
Signature of Co-Applicant	Date Received
Deposit of \$	Non-refundable Application Fee \$
How did you hear of this community?	