

Willow Way Apartments – Rental Application

Security Deposits are nonrefundable unless this application is rejected by Willow Way Apartments

No. of Bedrooms Needed _____ When would you like to move in? _____

Pets _____ (all pets must be less than 15 pounds) \$300 Pet Deposit

1. **Applicant's Name** _____ Phone _____

Work Number _____ Applicant's Social Security # _____

Date of Birth _____ Email _____

Current Address:

_____ City _____ State _____ Zip _____

Years at this address _____ From _____ To _____

2. **Present Landlord's Name:** _____ Landlord Address: _____

City _____ State _____ Zip _____ Phone _____

From _____ To _____

Previous Address (if less than 2 years)

Landlord's Name _____ Landlord's Address _____

City _____ State _____ Zip _____

3. **Spouse/Co-Occupant Name:** _____

Spouse/Co-Occupant Social Security # _____ Date of Birth _____

Street Address (if different) _____

City _____ State _____ Zip _____

Previous Landlord Address: _____

City _____ State _____ Zip _____

Work Number _____

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How did you learn about Willow Way Apartments _____

Are you a former resident? _____ Yes _____ No If yes, which Apartment _____

List names, addresses and telephone numbers of two relatives or friends who generally know how to contact you and can be notified in case of an emergency:

Name	Address	Phone	Relationship	Work Number

Household Composition (Apartments are rented according to family size) 2 Bedroom = 4 1 Bedroom = 2 (Max)

List all other occupants who will be living in the unit. Give the relationship of each occupant to the primary applicant

Member's Full Name	Relationship Primary	Birth Date	Social Security #

(i.e. son; daughter; roommate; parent, spouse; caregiver; etc.)

Are you a student? _____ Yes _____ No

For Elderly/Disabled Households: (Answering the following questions is optional)

1. Are you or anyone in your household disabled/handicapped? _____ Yes _____ No
If so, who? _____
2. Do you or any member of your household have a need for an accessible unit? If so, please describe the accessible feature(s) that the household member requires _____

Willow Way Apartments – Rental Application

Income Information (Rent must be 25% or less of total income)

List all income for all household members from all sources, such as Social Security, V.A. benefits, pensions, employment, welfare, etc.

Household Member	Source of Income & Contact Information	Monthly Income Amt.
	From: _____ Company Name/Source: _____ _____ Street Address: _____ City: _____ State: _____ Zip: _____	
	From: _____ Company Name/Source: _____ _____ Street Address: _____ City: _____ State: _____ Zip: _____	
	From: _____ Company Name/Source: _____ _____ Street Address: _____ City: _____ State: _____ Zip: _____	
	From: _____ Company Name/Source: _____ _____ Street Address: _____ City: _____ State: _____ Zip: _____	
	From: _____ Company Name/Source: _____ _____ Street Address: _____ City: _____ State: _____ Zip: _____	

Make and Year of Car _____

Willow Way Apartments – Rental Application

Have you ever been evicted? _____ Yes _____ No If yes, explain: _____

Have you ever been convicted of a felony? _____ Yes _____ No

Does anyone in your household currently engage in illegal use of drugs? _____ Yes _____ No

Does anyone in your household currently engage in the abuse of alcohol to the point that their behavior violates other resident’s rights to the peaceful enjoyment of the community? _____ Yes _____ No

Is any household member subject to a state sex offender lifetime registration requirement? ____ Yes ____ No

References (Non-relatives)

1. _____
2. _____
3. _____
4. _____

Notes: _____

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Note: Having persons living in the apartment other than those listed will be considered a breach of the lease and may result in eviction.

This does not represent an offer to lease an apartment, it is an application only. Nothing will be binding on either party unless a Lease is fully executed by both the Landlord and Tenant(s).

This application is subject to the owner's and/or agents review, and may be denied by them without designating cause except as hereinafter provided. If and when a lease is made this application will be made a part of the lease. The truth of information contained herein is essential and if the owner or its agents deems any answer or statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled immediately at our option. I hereby offer Il Plazzo LLC, D/B/A Willow Way Apartments, as Management Agent to use any consumer reporting agency, credit bureau, or any other investigative agencies employed by such, to investigate the references herein and other data obtained from me or from any other person pertaining to my employment history, criminal background checks, credit checks, prior tenancies, and character to obtain a consumer report and such other credit information, and to disclose such information to the subscriber in support of this application in the event that a lease is made any time during the lease. I have been advised that I have the right under Section 606B of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a copy of my credit report should my application for a Lease be denied on the basis of information contained in the credit report. I further give my permission to all referees listed to respond confidentially to request for information regarding my employment history, prior tenancies, and or character. It is understood and agreed that in the event of a lease it will be used strictly as a residence and to be occupied by no more than: ___ persons.

If any adverse information is found, which violates our lease agreement even after an apartment has been rented; management reserves the right to terminate the lease agreement whether it is a month to month lease or a one year lease agreement.

Signature of Applicant

Date

Signature of Applicant

Date