

**HARBORSIDE LIMITED PARTNERSHIP  
RENTAL APPLICATION**

**OFFICE USE:**

If applicant is getting pre-approved, indicate preferences:

1-Bedroom\_\_\_\_ 2-Bedroom\_\_\_\_  
 Price range desired\_\_\_\_\_  
 Floor preference\_\_\_\_\_  
 Utility preference\_\_\_\_\_  
 Needed by\_\_\_\_\_

This apartment complex strictly adheres to a policy of open occupancy, renting to qualified applicants without regard to race, religion, creed, color, national origin, marital status, sex, age, or physical or mental handicap. We seek residents (and children, if any), who will be considerate of each other, clean in their own apartments, in the hallways, and on the grounds, and who have proven the ability to pay the rent.

Date\_\_\_\_\_

Application is hereby made to rent premises known as Apt. #\_\_\_\_\_, under a lease for **one year or six months (with one month termination fee)** beginning on or about the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I submit the following information concerning all occupants of the apartment for which the application is made. I grant permission to contact any of the persons or companies named below for the sole purpose of verification of the information concerning my rental history, employment history, and credit and criminal background checks. It is understood that the premises are to be used as a residence and will be occupied by no more than \_\_\_ persons. The monthly rent for this apartment is \$\_\_\_\_\_.

**Applicant**

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_  
 Social Security Number\_\_\_\_\_ Phone #\_\_\_\_\_  
 Email Address\_\_\_\_\_

Present Address\_\_\_\_\_  
 (street, apt.#, city, state, zip code)

How long at present address?\_\_\_\_\_ Rent per month \$\_\_\_\_\_ Ever evicted?\_\_\_\_\_  
 Present Landlord & Address\_\_\_\_\_ Phone #\_\_\_\_\_  
 Do you have a lease?\_\_\_\_\_ Expiration of lease\_\_\_\_\_

FORMER ADDRESSES (List addresses, Landlords, and their phone numbers for the previous 5 years, starting with the last one first)

DATE  
 (month & year)  
 from\_\_\_\_\_ to\_\_\_\_\_  
 from\_\_\_\_\_ to\_\_\_\_\_

Current Employer \_\_\_\_\_ How long?\_\_\_\_\_  
 Business Address\_\_\_\_\_ Phone #\_\_\_\_\_  
 Position\_\_\_\_\_ Supervisor\_\_\_\_\_ Gross Salary \$\_\_\_\_\_

FORMER EMPLOYERS (List names, addresses, and phone numbers for the previous employers, starting with the last one first)

DATE  
 (month & year)  
 from\_\_\_\_\_ to\_\_\_\_\_  
 from\_\_\_\_\_ to\_\_\_\_\_

Driver's License Number and State\_\_\_\_\_  
 Nearest Living Relative of Applicant (for contact in the event of an emergency)  
 Name\_\_\_\_\_ Address\_\_\_\_\_  
 Phone #\_\_\_\_\_

Other Family Income Sources\_\_\_\_\_ Gross \$\_\_\_\_\_

Children Living With You \_\_\_\_\_ Name\_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_  
 Name\_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_

Do you have any pets?\_\_\_\_\_ If yes, what kind of animal?\_\_\_\_\_

Have you ever been convicted of a crime, or received a verdict other than not guilty, in any court or similar proceeding (conviction does not necessarily bar tenancy)?\_\_\_\_\_ If yes, please describe the crime, date of conviction, facts concerning the crime, and any pertinent rehabilitation.\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERENCES

(1) Personal \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(2) Loan \_\_\_\_\_ Acct. # \_\_\_\_\_  
(3) Savings \_\_\_\_\_ Acct. # \_\_\_\_\_  
(4) Checking \_\_\_\_\_ Acct. # \_\_\_\_\_

Number of Automobiles Owned \_\_\_\_\_ (1) Make, Model & Year \_\_\_\_\_  
State \_\_\_\_\_ Tag # \_\_\_\_\_  
(2) Make, Model & Year \_\_\_\_\_  
State \_\_\_\_\_ Tag # \_\_\_\_\_

Boat or Trailer Owned? \_\_\_\_\_ Make, Model & Year \_\_\_\_\_ Trailer Tag # \_\_\_\_\_  
Boat Registration # \_\_\_\_\_

An application fee in the amount of \$ 75.00 is made herewith to be held by Harborside Village. This amount represents a non-refundable Credit/Criminal Investigation fee of \$ 25.00 and a deposit of \$ 50.00, which shall be applied to the Security Deposit at the time the lease is executed. When approved and accepted, the applicant agrees to execute a written agreement and pay the first month's rent in addition to the Security Deposit of \$ \_\_\_\_\_. If this Application is not approved and accepted by the management or if the applicant cancels the application, the deposit in the amount of \$ 50.00 will be refunded. This application is to be made a part of the lease entered into by the Landlord and Tenant. The applicant hereby waives any claim for damages by reason of non-acceptance of the application, which the management may reject.

Have you previously applied for an apartment at Harborside? \_\_\_\_\_ Was the application approved? \_\_\_\_\_  
If yes, give apartment number and dates of occupancy \_\_\_\_\_  
If no, give reasons why \_\_\_\_\_

AUTHORIZATION FOR CREDIT, CRIMINAL, AND OTHER CONSUMER INVESTIGATIVE REPORTS

I HEREBY AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACT OR CIRCUMSTANCE WHICH WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND THAT PROVIDING INCOMPLETE, INACCURATE OR INTENTIONALLY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION CONSTITUTES GROUNDS FOR DENIAL OF THE APPLICATION AND FURTHER CONSTITUTES A MATERIAL BREACH OF MY LEASE, WARRANTING EVICTION, IF DISCOVERED AFTER THE INITIATION OF MY TENANCY.

I HEREBY GIVE CONSENT FOR AN INVESTIGATIVE CONSUMER REPORT TO BE DONE ON ME. I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, STATE REPOSITORY, FORMER EMPLOYER, CORPORATION, CREDIT AGENCY, EDUCATION INSTITUTION, CITY, STATE, FEDERAL COURT, MILITARY INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY HARBORSIDE LIMITED PARTNERSHIP TO FURNISH ANY AND ALL INFORMATION REQUIRED. I DO UNDERSTAND THE INVESTIGATION WILL INCLUDE INFORMATION FROM LAW ENFORCEMENT AGENCIES, STATE AGENCIES AND PUBLIC RECORDS INFORMATION, SUCH AS CREDIT, SOCIAL SECURITY, CRIMINAL, MOTOR VEHICLES AND WORKERS' COMPENSATION IN ACCORDANCE WITH THE AMERICAN WITH DISABILITIES ACT. THIS REPORT WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE. THIS RELEASES THE AFORESAID PARTIES, INCLUDING HARBORSIDE LIMITED PARTNERSHIP, FROM ANY LIABILITY AND RESPONSIBILITY FOR COLLECTING THE ABOVE INFORMATION AT ANY TIME.

ACCORDING TO THE FAIR CREDIT REPORTING ACT (LAW 91-508) SS 606: A PERSON MAY NOT PROCURE OR CAUSE TO BE PREPARED AN INVESTIGATIVE CONSUMER REPORT ON ANY CONSUMER UNLESS IT IS CLEARLY AND ACCURATELY DISCLOSED TO THE CONSUMERS THAT AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO HIS CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING AND EMPLOYMENT HISTORY, WHICHEVER ARE APPLICABLE, MAY BE MADE. I ALSO UNDERSTAND THAT IF I AM DENIED AN APARTMENT BECAUSE OF THE CONSUMER INVESTIGATION, IT IS MY RIGHT TO MAKE A WRITTEN REQUEST TO HARBORSIDE LIMITED PARTNERSHIP, WITHIN A REASONABLE TIME, FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION AS WELL AS A DISCLOSURE OF THE NAME OF THE AGENCY OR AGENCIES THAT CONDUCTED THE INVESTIGATION. THIS AUTHORIZATION, IN ORIGINAL OR COPY FORM, SHALL BE VALID FOR THIS AND ANY FURTHER AND/OR FUTURE REPORTS OR UPDATES THAT MAY BE REQUESTED.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

**Received Check#** \_\_\_\_\_  
**For \$75.00 Application Fee**  
**On** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Initials** \_\_\_\_\_