



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

How did you hear about us? _____

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

