

ONE APPLICATION PLUS \$ 50 NON-REFUNDABLE APPLICATION FEE PER RESIDENT 18 YEARS OR OLDER IS REQUIRED.

LEASING INFORMATION

| | | | |
|------------------|----------------------|---------------------|-------------------------------|
| APPLICATION DATE | DESIRED MOVE IN DATE | DESIRED LEASE TERMS | DESIRED APARTMENT SIZE & TYPE |
|------------------|----------------------|---------------------|-------------------------------|

PERSONAL INFORMATION

| | | |
|---------------------------|------------|---------------|
| FIRST NAME, MI, LAST NAME | SSN | DATE OF BIRTH |
| EMAIL | HOME PHONE | CELL PHONE |

RESIDENTIAL HISTORY

| | | | |
|-----------------|---------------|---------------|----------------|
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |
| MOVE IN DATE | MOVE OUT DATE | LANDLORD NAME | LANDLORD PHONE |

REASON FOR LEAVING

| | | | |
|------------------|---------------|---------------|----------------|
| PREVIOUS ADDRESS | CITY | STATE | ZIP CODE |
| MOVE IN DATE | MOVE OUT DATE | LANDLORD NAME | LANDLORD PHONE |

| |
|--------------------|
| REASON FOR LEAVING |
|--------------------|

EMPLOYMENT INFORMATION

| | | | | | |
|-----------------------------------|------------------------------------|------------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| CURRENT EMPLOYMENT STATUS: | <input type="checkbox"/> FULL-TIME | <input type="checkbox"/> PART-TIME | <input type="checkbox"/> STUDENT | <input type="checkbox"/> RETIRED | <input type="checkbox"/> NOT EMPLOYED |
| CURRENT (OR MOST RECENT) EMPLOYER | POSITION | APPROXIMATE MONTHLY INCOME | | | |
| SUPERVISOR | SUPERVISOR PHONE | | | | |
| IF STUDENT, SCHOOL ENROLLED | CURRENT LEVEL OF SCHOOL | SOURCE FOR RENT | | | |

ADDITIONAL FAMILY MEMBERS

| | | | |
|-----------------|--------------|---------------|----------|
| NAME | RELATIONSHIP | PRIMARY PHONE | |
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |
| NAME | RELATIONSHIP | PRIMARY PHONE | |
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |

| | | | |
|------------------------------|------------------------------|-----------------------------|--------------------------------------|
| DO YOU PLAN ON HAVING A PET? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | IF YES, PLEASE LIST BREED AND WEIGHT |
|------------------------------|------------------------------|-----------------------------|--------------------------------------|

EMERGENCY CONTACT INFORMATION

| | | | |
|-----------------------------------------|------------|------------|------------|
| EMERGENCY CONTACT NAME (NOT A ROOMMATE) | | | |
| RELATIONSHIP | HOME PHONE | WORK PHONE | CELL PHONE |
| ADDRESS | CITY | STATE | ZIP CODE |

CRIMINAL HISTORY

| | | | |
|------------------------------------------|------------------------------|-----------------------------|------------------------------------------------|
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | IF YES, DESCRIBE AND INCLUDE DATE AND LOCATION |
|------------------------------------------|------------------------------|-----------------------------|------------------------------------------------|

REFERRAL

| |
|----------------------------------------|
| REFERRED BY/HOW DID YOU HEAR ABOUT US? |
|----------------------------------------|

QUALIFICATION STANDARDS

- Combined monthly household income must be three times the amount of monthly rent.
- Must have a clean criminal history for every resident.

- Must agree to policies and rules listed with the Lease Agreement.
- Must be able to submit Security Deposit at time of Lease Agreement signing.
- Must complete all sections of Tenant Application.

- Must have a positive reference from past rental properties.
- Must meet/maintain occupancy levels as stated in Lease Provisions.

I certify that the information contained in this application is true and correct. I authorize Landlord to contact any reference listed. I understand that a unit is not considered secured until the landlord receives a deposit and signed lease agreement. Deposit checks will be cashed immediately upon receipt. I understand that in the event no verifiable rental history is available or inferior rental history is found, I may be required to increase my deposit to an amount equal to two months' rent. Once approved, I agree to execute a lease before possession is given.

| | |
|---------------------|------|
| APPLICANT SIGNATURE | DATE |
|---------------------|------|

| APPLICANT INFORMATION | | | |
|---------------------------|------|-------|----------|
| FIRST NAME, MI, LAST NAME | | DATE | |
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |

| PROPERTY MANAGEMENT / LANDLORD INFORMATION | | |
|--------------------------------------------|----------------------|--------------|
| PROPERTY / COMMUNITY NAME | MANAGER / AGENT NAME | PHONE NUMBER |

| AUTHORIZATION | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I authorize JPM, INC., its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to the questions listed below. | |
| APPLICANT SIGNATURE | DATE |

| OFFICE USE ONLY | | | |
|-----------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------|--------------------------------|
| MOVE IN DATE | MOVE OUT DATE | DID RESIDENT PAY THEIR RENT ON TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NO. OF TIMES RENT WAS DELINQUENT | MONTHLY RENT (\$) | SECURITY DEPOSIT (\$) | SECURITY DEPOSIT RETURNED (\$) |
| DAMAGE TO PROPERTY | | | |
| LEASE VIOLATIONS | | | |
| RESIDENT EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | REASON FOR LEAVING | | |
| WOULD YOU RENT TO THIS PERSON AGAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO | ADDITIONAL COMMENTS | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| SIGNATURE | | DATE | |
| COMPANY | TITLE | | |

