Rental Application

LINCOLN APARTMENTS LLC

www.lincolnapartmentsllc.com

Only fully completed applications along with full payment of the pre lease deposit and application fee shall be processed.

This region is to be filled in by Management Only

Date of Occupancy _____ Rent Apt. No. ____ Monthly Rental → $ _____

Pre Lease Deposit – *on separate check* ……..……..……$ _____

Application Fee $ 35.00 per Applicant or $ 50.00 Married Couple ……..…….. $ _____

Total ……..…….. $ _____

No Cash Payments accepted.

Term of Occupancy: **1 Year Lease Required** Balance Due Upon Acceptance $ _____

Personal Information – Anyone over 18 must fill out

Applicant #1 Name (first) _____ (last) _____ (middle) _____

Email: _____ Date of Birth _____

Phone # _____ Cell☐ Home☐ Phone # _____ Home☐ Work☐

Driver's License Number _____ State ___ Social Security No. _____

Present Address _____City_____ State ___ Zip _____

Present Landlord _____ Phone _____ Is your rent up to date? _____

Amount Paid for Rent $ _____ How long: _____ Reason for Leaving: _____

Applicant #2 Name (first) _____ (last) _____ (middle) _____

Email: _____ Date of Birth _____

Phone # _____ Cell☐ Home☐ Phone # _____ Home☐ Work☐

Driver's License Number _____ State ___ Social Security No. _____

Present Address _____City_____ State ___ Zip _____

Present Landlord _____ Phone _____ Is your rent up to date? _____

Amount Paid for Rent $ _____ How long: _____ Reason for Leaving: _____

Employment History

Applicant #1 Employed By _____ Monthly Gross Income $ _____

Position: _____ How long – years ____ months – ____ Other Income: $ _____

Applicant #2 Employed By _____ Monthly Gross Income $ _____

Position: _____ How long – years ____ months – ____ Other Income: $ _____

Three Personal References: **List Three Credit References:**

_____ _____

_____ _____

_____ _____

Bank: _____Branch: _____ Checking ☐ Savings ☐

Bank: _____Branch: _____ Loan ☐ Checking ☐ Savings ☐

In case of emergency notify: _____ Telephone: _____

Address _____City_____ State ___ Zip _____

Auto(s) to occupy off-street parking spaces or garage(s):

Make: _____ Model _____ Color _____ License # _____ State _____

Make: _____ Model _____ Color _____ License # _____ State _____

Number of motor vehicles which will be parked on premises by applicant(s) and persons who will reside with Applicant(s): _____

Questionnaire	**Applicant 1**	**Applicant 2**
Have you ever been evicted or requested to vacate?	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever broken a lease?	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever declared bankruptcy or had a property foreclosure?	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever been garnished?	Yes ☐ No ☐	Yes ☐ No ☐
Are you subject to being transferred by your employer?	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever been arrested?	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever been or are you currently on Parole or Probation?	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever had an Adjudication Withheld or Deferred?	Yes ☐ No ☐	Yes ☐ No ☐
Have you ever been convicted of a Felony or Misdemeanor?	Yes ☐ No ☐	Yes ☐ No ☐

If Yes, list ALL of the offense(s): _____ Date(s) _____

Do you smoke? Yes ☐ No ☐ Yes ☐ No ☐

If yes, please initial below stating that you have read and understand our smoking policy, and you agree to abide by it. ____ and ____.

How did you select our apartment? Website☐ Drive by☐ Newspaper☐ Other☐ Referral: _____

How many other apartments did you look at? __ Why did you choose ours? _____

Effective: January 1, 2008 **Smoking Policy**

TO ALL RESIDENTS OF LINCOLN APARTMENTS:

Smoking or the use or sale of tobacco is prohibited in all common areas of Lincoln Apartments, as well as its grounds, parking lots, garages, public entrances, and all sidewalks adjacent to Lincoln Apartment's properties. The hallways and all common areas of Lincoln Apartments are to be tobacco free areas.
Management will consider the smoking policy violated if a **resident** [**or any guest(s) of the resident**] is found using any tobacco related products, in any restricted area(s).

Violation of our smoking policy shall require us to terminate the violator's rights of tenancy at Lincoln Apartments.

Authorization

I hereby state and represent that the information in this application is complete, accurate, and I authorize verification of all information given. I authorize the Owner and/or its Agents to check credit information, tenant history, check personal references, employment records, check writing history, any court records and/or criminal records, and to contact prior Landlords for information regarding prior tenancies. I understand that in the event a lease is entered into it may be cancelled by the Owner if any of the information provided in the application is materially inaccurate or incomplete. If this application is not accepted within seven (7) days from the date hereof, the pre lease deposit shall be refunded less any application fee.

Payment of the pre lease deposit, application fee, or any other fees or charges via check to Lincoln Apartments LLC authorizes the Owner and/or its agents to process your payment electronically. Funds may be withdrawn from your account as soon as the same day Owner and/or its agents receive your payment. A fee of up to $ 30.00 will be charged for checks returned due to insufficient funds. If your check is returned for non-sufficient funds (NSF), we may re-present the check as an electronic ACH transaction. Applicant 1 and/or Applicant 2's signature shall serve as acknowledgment and acceptance of this policy.

I agree to execute a written rental agreement to be submitted by the management if this application is accepted, and the Pre Lease Deposit shall be applied to the Security Deposit for the apartment. Failure to execute a written rental lease agreement within 72hours of acceptance shall result in a loss of the Pre Lease Deposit and Application fee.

Applicant 1 Signature: _____ Applicant 2 Signature: _____

Received by _____ Date _____ 20___

© **2014** *revised March 2014*