

**CASTLE APARTMENTS INC.  
APPLICATION TO LEASE  
EQUAL OPPORTUNITY LESSOR**

Resident \_\_\_\_\_ of \_\_\_\_\_  
 Co-signer                       Payee or POA

Date of Application \_\_\_\_\_ Agent \_\_\_\_\_  
 Approved \_\_\_\_\_ Declined \_\_\_\_\_

**Name Resident** \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_  
 Drivers Lic. State \_\_\_\_\_ and # \_\_\_\_\_  
 Auto-Make \_\_\_\_\_ Lic. # \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
 Others who will live in apartment \_\_\_\_\_  
 Minor name and date of birth \_\_\_\_\_  
 Minor name and date of birth \_\_\_\_\_  
 Pets \_\_\_\_\_ (NOTE: Standard lease stipulates "NO PETS"; additional lease and monthly  
 Rent will apply to each approved pet; service animals require certification and verification)

**Residency Check one:**  Owned  Rented  Parents  Armed Forces  School  
 Present Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Yrs. \_\_\_\_\_  
 Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Rent \_\_\_\_\_  
 Previous Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Yrs. \_\_\_\_\_  
 Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Rent \_\_\_\_\_

**Income Check applicable:**  Salary  Hourly  Commission  Self-emp  Other  
 Occupation \_\_\_\_\_ Hours per week \_\_\_\_\_  
 Net Monthly Income \_\_\_\_\_ Pay Cycle \_\_\_\_\_  
 Current Employer \_\_\_\_\_ Length of Service \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Other Sources of Income \_\_\_\_\_  
 Former Employer \_\_\_\_\_ Length of Service \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Net Monthly Income \_\_\_\_\_ Pay Cycle \_\_\_\_\_

**Established Credit** Have you ever been evicted from a rental unit, been foreclosed upon, involuntarily repossessed, or otherwise defaulted on a major obligation?  Yes  No  
 Credit Reference No. 1 \_\_\_\_\_  
 Credit Reference No. 2 \_\_\_\_\_  
 Checking Acct. # \_\_\_\_\_ Bank \_\_\_\_\_  
 Savings Acct. # \_\_\_\_\_ Bank \_\_\_\_\_  
 Other Assets \_\_\_\_\_

**Emergency Contact Information (not living with you)**  
 Next of Kin \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

LANDLORD USE ONLY	
Suite Address:	
Size of Suite:	
<input type="radio"/> Unfurnished <input type="radio"/> Furnished	
Monthly Rent:	
Security Deposit:	
Lease From:	
Lease To:	
# of Occupants:	
Promotional:	
Emp. Verified:	Res. Ver.
Other Verified:	
Credit Check <input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Mgmt Approval Required	
Scoring Form <input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Mgmt Approval Required	
Conditional Approval:	

**PREPARATION FEE  
\$25.00 NON-REFUNDABLE**  
 Check  Cash  Money Order  
 Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

No representation, promises, or agreements as to date of possession have been made, and this application shall not be construed as a lease or agreement therefore. It is further understood that the premises are to be used as a residence only to be occupied by not more than \_\_\_\_\_ persons; and that occupancy is subject to possession being delivered by present occupants (if apartment is occupied).

A deposit in the sum of \$ \_\_\_\_\_ has been made on account of the first month's rent to be held with the clear understanding that this application is subject to approval, and credit report if accepted, becomes part of the lease and the representations made herein are a material inducement to management accepting applicant. Any misrepresentation made herein causing this application to be rejected will cause the deposit made by the applicant(s) to be retained by Management Co. When so approved, the applicant agrees to execute a lease and pay any balance due within 5 days after being notified. If this application is not approved, the deposit will be refunded. The applicants hereby waive any claim for damages by reason of non-acceptance of this application.

As part of the application process, Castle Apartments, Inc. may verify information contained in my/our rental application before acceptance is granted. I further authorize Castle Apartments, Inc. to order my credit history, review my criminal background, contact my bank and creditors, contact my landlord(s) and employer(s), and any other references provided. Conversely, I authorize the aforementioned to provide any and all information concerning this application.

Applicant's initials \_\_\_\_\_

**By your signature hereon, you agree that the information disclosed by you herein is true, complete, and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting your application to enter into a lease.**

Signature of Applicant or Co-signer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Castle's Agent or Witness \_\_\_\_\_ Date \_\_\_\_\_