

SAFDAN PARTNERS LLC - APPLICATION FOR RENTAL

Date _____

Mr./Mrs./Ms. _____

Date of Birth _____ Phone () _____

Email _____

Social Security # _____

Address: _____

Street

City

Zip

Residence For Last 3 Years:

Street

City

Zip

Street

City

Zip

Street

City

Zip

Monthly Rental \$ _____ How Long? _____ Breaking Lease? _____

Reason Moving _____

Present Agent/Landlord _____ Agent Phone () _____

Agent Address _____

Street

City

Zip

of Children ____ Marital Status _____ Car/Make/Year _____

Passport Country: _____ Passport #: _____

License/ID State of Issue _____ License # _____

Present Employer _____ How Long? _____

Address _____ Phone () _____

Occupation _____ Annual Salary _____

Supervisor _____ Phone () _____

Last Three (3) Years of Employment - If not applicable, state why:

Employer	Address	How Long?
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Employer	Address	How Long?
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Employer	Address	How Long?
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Partner's Name _____ Former Name _____

Present Employer _____ How Long? _____

Address _____ Phone () _____

Occupation _____ Annual Salary _____

OR: Student at _____ Course of Study _____

Address _____ Phone () _____

Checking Account Details Bank
Name: _____

Branch Address: _____ **Acct#** _____

Credit Cards _____

Bank	Acct #	Bank	Acct #
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Bank	Acct #	Bank	Acct #
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Personal Reference _____ Phone () _____

Address _____

Street	City	Zip
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Occupation _____

In Case of Emergency _____

Address _____

Street

City

Zip

Relationship _____ **Phone ()** _____

No Pets Allowed - No waterbeds -

INTENDING TO BE LEGALLY BOUND, APPLICANT and LESSOR agree that the APPLICANT shall be entitled to a refund of his/her/their deposit, if and only he/she/they notify LESSOR in writing within two (2) CALENDAR days of the signing of this APPLICATION, of their intention to cancel. Should APPLICANT fail to notify LESSOR of cancellation within two (2) calendar days, in writing, LESSOR will retain all deposit money as liquidated damages for withdrawing this unit from the rental market. Application fee is \$35 per applicant for credit reports and other reports the Landlord may seek at their expense.

APPLICANT(S) certifies that all information on this APPLICANT is correct, that he/she/they are not breaking his/her/their Lease, that he/she/they have paid their rent/ mortgage payments in a timely fashion for the past twelve (12) month period, that they have received no notice of Lease Termination or Eviction; and that they have not filed for bankruptcy within the past five (5) years, and are presently financially solvent; that no advance credit information is on record - except as follows:

APPLICANT agrees to sign Lease and pay Security Deposit (equal to one month's rent), plus first month's rent within five (5) days of approval by LESSOR. Otherwise, deposit will be retained by Lessor as liquidated damages. I agree that my deposit will be retained as liquidated damages for processing APPLICATION and CREDIT CHECKING if above information is not true. \$35 per person is the application fee.

By signing my signature to this application, I hereby verify that I am the person whom I represent myself to be, and all the above information is true and accurate.

AUTHORIZATION TO OBTAIN INFORMATION

APPLICANT hereby authorizes LESSOR to verify accuracy of all statements in this APPLICATION, and also authorizes all employers, previous landlords, mortgage holders, all banks and any other creditors listed on lease application, to release all information concerning me or my account(s), my rental history or payments, my employment history, including the likelihood of future employment - for the purpose of verifying this Application, and determining my ability to afford the contractual obligations of the LEASE.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE THE EQUIVALENT OF THE ORIGINAL.

This authorization shall be continuing during the term of the LEASE or any renewal of the LEASE; to update or otherwise verify new information including, but not limited to LESSOR's right to inquire from time to time, from banking institutions, whether there are sufficient funds to pay check, or checks, delivered by LESSEE or LESSOR.

I release all such persons delivering said and all other information, from any inadvertent error, whether communicated either orally, or writing, or over the telephone.

APPLICANT understands that a photo I.D. is necessary to complete this application. APPLICANT understands that the provider of information may communicate adverse information.

SIGNATURE: _____

DATE: _____

MAKE CHECKS PAYABLE TO:

(Only: Money Order/Cashers Check/Bank Drafts)

SafDan Partners LLC

Landlord