

APPLICATION FOR RENTAL

- Apartment Homes -

Tell Us About Yourself (use additional sheets if necessary)												
PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID - Your photo ID must be presented at time of application and again at move-in.												
FIRST NAME	MIDDLE	MIDDLE NAME LAST NAME						NAME				
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER	ID# DRIVER	RS LICENSE OR OTHER	GOVERNMENT ISSUED PHOTO ID #			TYPE OF	ID	STATE OR GOVERNMENT THAT ISSUED THE ID				
DATE OF BIRTH	OTHER	NAMES USED IN LAST	10 YEARS			EMAIL ADD	RESS (Re	equired)*	quired)*			
PRESENT ADDRESS				COU	ITY	I		WORK '	TELEPHONE	#		
CITY	STATE	ATE ZIP		HOME TELEPHONE #				MOBILE	MOBILE TELEPHONE #			
LIST ALL OTHER PERSONS, INCLUDING SPOUS					18 years or c			ation as an		DATE OF BIRTH		
NAME DATE OF BIRTH	NAME	DATE OF	BIKTH	NAME		DATEO	F BIRTH		NAME	DATE OF BIRTH		
PRESENT ADDRESS IS (Check one): OWNED IF RENTING or OWNED: PRESENT LANDLORD / /					AMILY HOM	E STU	DENT HO	USING	OTHER:			
ADDRESS OF PRESENT LANDLORD / APARTME	NT COMMUNITY	/ MORTGAGE COMPAN	ΙΥ									
CITY	STATE		ZIP	ZIP				TEI	TELEPHONE #			
HOW LONG?	MONTHLY PAY	YMENT	ANTICIF	ANTICIPATED MOVE-OUT DATE:				RE	REASON FOR LEAVING:			
PREVIOUS ADDRESS (IF LESS THAN THREE YEA	ARS AT PRESEN	T ADDRESS)	1					l				
CITY	STATE		ZIP	ZIP				TELE	TELEPHONE #			
PREVIOUS ADDRESS IS (Check one): OWNE	D HOME RE	ENTED HOME RE	NTED APAF	RTMENT	FAMILY HO	ME STI	JDENT H	OUSING	OTHER:			
IF RENTING or OWNED: PREVIOUS LANDLORD /	APARTMENT CO	DMMUNITY / MORTGAG	E COMPAN	ΙΥ								
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY			NY	(COUNTY WHERE RESIDENCE LOCATED			
CITY	STATE		ZIP	ZIP				TEI	TELEPHONE #			
HOW LONG?	MONTHLY PAY	YMENT	MOVE-0	MOVE-OUT DATE:				RE	REASON FOR LEAVING:			
	•							•				
Employment												
EMPLOYER (COMPANY NAME)				HOW LONG	?	N	ONTHLY	GROSS I	NCOME			
ADDRESS		CITY	STATE			ZIP						
JOB TITLE	SUPERVISOR	SUPERVISOR'S NAME						SUPERVISOR'S TELEPHONE #				
OTHER SOURCE(S) OF VERIFIABLE INCOME	WHEN RECEI	RECEIVED AMOUNT				MONTHLY INCOME FROM OTHER SOURCES						
FORMER EMPLOYER (IF LESS THAN THREE YEA	ARS AT CURREN	IT JOB)		HOW LONG?								
ADDRESS		CITY				STATE		ZIP	ZIP			
JOB TITLE	B TITLE SUF		SUPERVISOR'S NAME				SUPERVISOR'S TELEPHONE #			TELEPHONE #		
Motor Vohiolog (including and to	aka bests :	otorovolos if a	- t+od -+	ronort d								
Motor Vehicles (including cars, tru MAKE/MODEL		otorcycles - if pern EAR	COLOR		LICENSE	PLATE#				STATE		
1												
1.												
2.												
3.												
Animals (animals require our conser	nt)											
TYPE BREED			WEIGH	HT		NAME				LICENSE/TAG #		
1.												
2.												
Person to Notify in Case of E	mergency	, Death or Inca	apacity	** (cannot l	e someo	ne who inte	ends to	reside i	n the prem	nises)		
	RELATIONSHIP			PRIMARY TELEPHONE #					ALTERNATE TELEPHONE #			
ADDRESS		CITY						STA	STATE ZIP			
Will you or any of your occupants require spe If so, identify the person and the type of spec			ency, inclu	ding evacuati	on of the b	uilding or cor	mmunity		s 🗆 No			

Desert Harbor

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Criminal Background Information							
Do you (or any of the potential occupants in the apartment) have charges pending against you criminal offense?	Applicant Yes No	Occupants Yes No					
Have you (or any of the potential occupants in the apartment) been convicted of any criminal oplea of "guilty" or "no contest" to any criminal offense; or had any criminal matter disposed of in by acquittal or a finding of "not guilty"?	Applicant Yes No	Occupants					
If "Yes" to any of the above questions, give details and dates, including the county and state in which the incident occurred:							
How did you hear about our community? Internet (which site?)	Resident (nam	ame?)					
☐ Drive-By ☐ Rental Publication (Which One?)	Rental Agency (Which One?)						
Locator Service (Which One?)	☐ Other						
PLEASE READ CAREFULLY AND SIGN BELOW Correct Information. You represent that all of the above statements are true and complete, which may include credit, rental payment history and criminal background information about y authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the your tenancy, or for any other permissible purpose. You understand that we may report all p information for landlords, mortgage companies and other creditors. You and all occupants his supplying such information. You acknowledge that false, incomplete or misleading information occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fee preliminary only and does not obligate us to execute a Lease or to deliver possession of the rejected by your financial institution for any reason, we will assess a returned item fee in according the control of the properties.	ou and any occupants in terms of your tenancy, fo ositive and negative ren ereby release from all I tion herein may constitute as, and may constitute a premises to you. You a	n the premises in order to verify or the collection and recovery of ital payment history to consumer liability or responsibility all perso ute grounds for rejection of this a criminal offense under the laws	the above information. You further any financial obligations relating to reporting agencies who track this ms and corporations requesting or application, termination of right of s of this State. This application is				
I have read and agree to the provisions as stated.	Non-Refundable Aprequired with each	oplication Processing Fee Application:	\$				
Applicant Signature	Total Holding Depo	sit*** (Per Apartment, if any):	\$				
Applicant Signature	Holding Deposit am	\$					
Date	Address of Apartme	Address of Apartment/Premises being held:					
			-				
OFFICE USE ONLY							

* Email Address & Electronic Signatures. Please provide the email address through which you prefer to receive communications from us. In particular, we may present our lease documents to you for signature electronically. If we do so, you will receive an email with a link to your lease. You can review the lease on your own time and sign it, electronically, anytime prior to your move-in date. Your electronic signature should match the name that is displayed in your lease. After all residents have signed the lease.

Property Staff Initials _

- ** Authorization for Providing Access in the Event of Emergency, Death or Incapacity. If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.
- *** Holding Deposit Agreement. You understand that the holding deposit is <u>not</u> a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the apartment/premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.

Apartment Number
Apartment Size/Description
Anticipated Move-in Date
Lease Start Date
Lease End Date

Quoted Monthly Apartment Rent