

FIRST CAPITAL RESIDENTIAL GROUP

APPLICATION TO LEASE

(Please Print)

DATE _____ Apartment Name _____

APPLICANT _____

Date of Birth _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Social Security No. _____

Present Address _____ Zip Code _____

Present Phone No. _____ Length of Tenancy _____

Present Landlord _____ Address _____ Phone _____

FORMER ADDRESS _____ Phone _____ Length of Tenancy _____

Former Landlord _____ Address _____ Phone _____

OCCUPATION or SOURCE of INCOME _____ SALARY _____

Employer _____

Name _____ Address _____

Supervisor _____ How Long? _____ Phone _____

Previous Employer _____

Name _____ Address _____

SPOUSE'S NAME _____ Date of Birth _____ Salary _____

Employer _____

Name _____ Address _____

Social Security No. _____

Supervisor _____ How Long? _____ Phone _____

AUTOMOBILES: Make _____ Year _____ Color _____ License No. _____

Make _____ Year _____ Color _____ License No. _____

Name of Nearest Relative _____

Address _____ Phone _____

NAME OF OTHER OCCUPANTS IN APARTMENTS (all unmarried adults must fill out separate application)

Name _____ DOB _____ Relationship _____

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PETS (Describe) _____

In case of emergency notify _____ Phone _____

How did you learn about these apartments?

Newspaper _____ Radio _____ Driving by _____ Tenant _____ Other _____

Have you ever been evicted? _____ If so, why? _____

The Management will rely on the above information in consideration of the application and if untrue in any particular, the lease may, at option of Management be cancelled and security deposit forfeited.

Applicant hereby authorizes management to obtain credit history on any of the above named individuals making application utilizing a credit bureau of management's choice. Such information will be used to establish applicant's credit worthiness.

Further, applicant authorizes any of the above named individuals or entities to release information verifying the above stated details.

Applicant

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