

APPLICATION FOR RENTAL

All persons 18 years old or older must fill out a separate application.

APT. #: _____ Desired Move In Date: _____
HOW DID YOU HEAR ABOUT US? _____

Tell us about yourself:

Applicant name : _____ **Birthdate:** _____ **Age:** _____

Social Security #: _____ **Drivers License # and state of issue:** _____

Present Address: _____ **Home/ Cell Phone #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **How long at this address?** _____

E-mail address: _____

Landlord's name: _____ **Landlord's Phone number:** _____

Landlord's address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Have you ever lived in a Collier Community? Yes _____ No _____ *If Yes, Give name of Community* _____

Previous address: _____ **Landlord's telephone #:** _____

Landlords address: _____ **date occupied:** _____

Co-Applicant name: _____ **Birthdate:** _____ **Age:** _____

Social Security #: _____ **Drivers License # and state of issue:** _____

Present Address: _____ **Home/ Cell Phone #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **How long at this address?** _____

List all persons other than applicant and spouse who will be living in apartment: (Occupancy Standard 4 persons total)

NAME	RELATIONSHIP	DATE OF BIRTH	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Employment History for two years

Present Employer _____ **Position:** _____ **Length of Employment:** _____ **Phone #** _____

Present Employer Address _____ **City,State, Zipcode** _____ **Salary \$** _____

Spouse Employment History for two years

Present Employer _____ **Position:** _____ **Length of Employment:** _____ **Phone #** _____

Present Employer Address _____ **City,State, Zipcode** _____ **Salary \$** _____

Other Income: \$ _____ **Source of other Income:** _____

Military Information

Rank:	Branch	Station	Serial Number	Commanding Officer name and Phone number
_____	_____	_____	_____	_____

Credit Information:

Name of Bank: _____ **Checking:** _____ **Savings:** _____ **City and State:** _____

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NAME OF NEAREST RELATIVE NOT LIVING WITH YOU: _____ **Relationship:** _____

Address of Nearest relative above: (Street, City, State) _____ **Phone #** _____

Emergency Contact Person Name: _____ **Relationship:** _____ **P Phone #** _____

Have you ever been Evicted? Yes _____ No _____ **If yes, when and where?** _____

Have you ever filed bankruptcy? Yes _____ No _____ **If yes, when and where?** _____

Have you ever willfully refused to pay rent when due? Yes _____ No _____ **If yes, when and where?** _____

Have you ever been convicted of a felony? Yes _____ No _____ **If yes, when and where?** _____

I (we) have paid a non-refundable application fee of \$_____ to process this application.

I (we) have paid a good faith deposit of \$_____. If I enter into a written lease for an apartment with Collier Management, this good faith deposit will be applied to all or a portion of the security deposit due. If I refuse to enter into a written lease upon being offered an apartment, Collier Management shall retain the good faith deposit as liquidated damages. If any information contained in the application is found to be false, thereby causing the application to be rejected, Collier Management Company shall retain \$50.00 of the good faith deposit and the balance shall be returned to me.

By signing this form, the applicant recognizes that the lessor or his agent may investigate the information supplied by the application and disclosures of pertinent facts may be made to lessor. **I give Collier Management LLC permission to research all information including rental history, employment history, credit history and criminal background.**

Applicant signature

Co applicant signature

Date