

**For Office Use Only:**  
 Apt # \_\_\_\_\_ Lease Start Date \_\_\_\_\_  
 Rent \_\_\_\_\_ Deposit \_\_\_\_\_  
 Manager Signature \_\_\_\_\_

**Fairmount Terrace/GPX Realty Partners  
 Rental Application**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Driver License No.: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Month & year moved in: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ Landlord phone: \_\_\_\_\_  
 Monthly Rent: \_\_\_\_\_

**Employment**

Employment Status: Part Time \_\_\_ Full Time \_\_\_ Retired \_\_\_ Temporary \_\_\_ Gross monthly salary: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Current employer: \_\_\_\_\_ Employer phone number: \_\_\_\_\_  
 Employer address: \_\_\_\_\_  
 Employment dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Financial Reference**

| Bank | Location | Account Number/Type | Telephone |
|------|----------|---------------------|-----------|
| 1.   | _____    | _____               | _____     |
| 2.   | _____    | _____               | _____     |

**Additional Occupants**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Auto Information**

1. Make/Model/Year: \_\_\_\_\_  
 2. Make/Model/Year: \_\_\_\_\_  
 Have you ever been sued for non-payment of rent? \_\_\_\_\_  
 Have you ever filed for bankruptcy? \_\_\_\_\_  
 Have you ever been evicted? \_\_\_\_\_

I hereby grant management the right to process this application for the purpose of obtaining a rental lease. In compliance with the Fair Credit Reporting Act, this notice is to inform you that a credit report will be obtained and additional information will be obtained through employers, banks, landlords & financial companies. Applicant hereby represents that all information is true correct & complete.

I/WE give a deposit in the amount of \$ \_\_\_\_\_ on Apartment Number: \_\_\_\_\_  
 In addition to \$ \_\_\_\_\_, which is the non refundable credit check fee.  
 The balance of the Deposit in the amount of \$ \_\_\_\_\_ is due by: \_\_\_\_\_  
 If balance of deposit is not received by this date, Landlord will attempt to re-rent the apartment and the Deposit shall be forfeited.

Upon execution of the Lease, the Deposit shall be included in the Security Deposit. Applicant understands, in the event Applicant cancels the Rental Application within 3 days, the Deposit shall be refunded. The credit check fee will not be refunded. Should Applicant cancel the Rental Application after the 3<sup>rd</sup> day, the Deposit will not be refunded.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_