

APARTMENT RESERVATION FORM

Reservation is hereby made for a \_\_\_\_\_ bedroom apartment at

\_\_\_\_\_ for occupancy on \_\_\_\_\_. A deposit of

\$ \_\_\_\_\_ is made for reserving the apartment, the deposit is to be applied to the security deposit on the apartment upon signing a lease. In the event the apartment is available on the date desired, but I do not lease same, the landlord shall refund the deposit less the landlord's actual expenses and damages.

I understand that if I am unable to enter into and occupy the apartment at the time provided by reason of its not being ready for occupancy, or by reason of the holding over of any previous occupancy, or as a result of any cause or reason beyond the direct control of the Lessor, the Lessor shall not be liable in damages to the resident therefore, but during the period I am unable to occupy the apartment, the rental shall be abated. If Lessor is not able to deliver possession of the apartment within five (5) days of the commencement date above, I may cancel and terminate the lease and the deposit will be refunded within twenty (20) days less any actual damages.

Receipt is hereby acknowledged for a non-refundable credit application fee in the amount of \$ \_\_\_\_\_ which is to reimburse the costs and expenses of processing this application including, without limitation, credit check and loss of rent for reserving the subject apartment. Such costs exceed this application fee.

Subject to Credit Check. If credit is unsatisfactory to management, the above mentioned deposit will be refunded in full within twenty (20) days, less the non-refundable credit application fee.

Great Atlantic requires that all residents maintain a minimum of \$50,000.00 Liability Insurance during your lease term. A copy of the Declaration page is to be provided to the leasing office upon Move-in and or Renewal. The policy will be kept on file. If the policy cancels during your lease term it could result in termination of your lease.

\_\_\_\_\_  
DATE OF THIS APPLICATION

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRESENT TELEPHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE DEPOSITED

FOR OFFICE USE ONLY

\_\_\_\_\_  
Verification of ID - Applicant #1

\_\_\_\_\_  
Verification of ID - Applicant #2

\_\_\_\_\_  
Verification of SS# - Applicant #1

\_\_\_\_\_  
Verification of SS# - Applicant #2

APPLICATION

Proposed Occupants:

Name	DOB	Relation	Social Security

Present Address: How Long:

City: State: Zip:

Landlord: Lease Expiration: Phone#:

Previous Address: How Long:

City: State: Zip:

Landlord: Lease Expiration: Phone #:

Employer: Phone #:

Address:

Position/Rank: How Long: Net Income:

Supervisor/Co.: Badge/ID#:

Other Income: Amount:

Spouse Employer: Phone #:

Address:

Position/Rank: How Long: Net Income:

Supervisor/Co.: Badge/ID#:

Make of Car: Year: License Plate #:

State: Where Financed: Drivers License #:

Make of Car: Year: License Plate #:

State: Where Financed: Drivers License #:

Email address:

How did you hear about us?:

Bank Account: ☐Checking #: ☐Savings #:

Relative: Address: Phone #:

Relative: Address: Phone #:

Do you have any pets?☐ Yes ☐ No Kind

Will anyone other than above persons reside with you?☐ Yes ☐ No

Have you ever-filed bankruptcy? ☐Yes ☐ No

Have you ever been evicted from rental property? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If so, please explain:

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. Any willfully false information or misrepresentation is cause for application not to be approved.

Dated: , 2 Applicant: