

Apt. # _____	Monthly Rent: \$ _____
Move-in Date: _____	Lease Term: _____
Monthly Fees: \$ _____	\$ _____ \$ _____
Specials: _____	

COMMUNITY NAME _____ LEASING CONSULTANT _____

APPLICANT #1

Resident Co-signer

Name _____ Date of Birth _____
(As it appears on ID)
 Address _____ SSN # _____
 City _____ State _____ Zip _____ Salary \$ _____ monthly yearly
 Phone _____ Other Income: (Amount) _____
 Email _____ Have you ever been convicted of a felony? Yes No

APPLICANT #2

Resident Co-signer

Name _____ Date of Birth _____
(As it appears on ID)
 Address _____ SSN # _____
 City _____ State _____ Zip _____ Salary \$ _____ monthly yearly
 Phone _____ Other Income: (Amount) _____
 Email _____ Have you ever been convicted of a felony? Yes No

List all other occupants including children. *(All occupants aged 18 years or older must be listed as a Resident and must sign the application.)*

- 1.) _____ Date of Birth _____ 3.) _____ Date of Birth _____
 2.) _____ Date of Birth _____ 4.) _____ Date of Birth _____

PET INFORMATION

Do you have a pet? Yes No *(Pets accepted only with the consent of this property.)*

Pet Type _____ Breed _____ Weight _____ Name _____ Color _____
 Pet Type _____ Breed _____ Weight _____ Name _____ Color _____

I hereby remit \$ _____. In consideration of this, Lighthouse Management Services, LLC agrees to reserve _____ UNIT # _____ until _____ DATE _____.

If this application is accepted, I shall pay the \$ _____ refundable security deposits by _____ DATE _____ and the \$ _____ non-refundable fees by _____ DATE _____ and enter into a lease agreement prior to the established move-in date. In addition, I agree to pay any additional security deposit required and required additional non-refundable fees in order to meet the conditions of approval if this application is approved with conditions.

In the event I choose not to enter into the lease agreement, I shall waive all rights and forfeit \$ _____.

If this application is declined \$ _____ will be retained by Lighthouse Management Services, LLC for administrative costs.

I consent to allow Lighthouse Management Services, LLC, through its agent and employees, to obtain and verify my credit information, criminal history, investigative consumer report, consumer report, employment, income, and landlord references, for any purpose, including determining whether or not to lease me an apartment. I understand that should I lease an apartment, Lighthouse Management Services, LLC shall have a continuing right to review these items, in addition to my residency application, payment history and occupancy history for account review purposes and for improving application methods. Lighthouse Management Services, LLC may obtain information from any source and may exchange credit information with consumer reporting agencies. I also affirm that all information in this application is true and complete. I make this representation knowing that if any such information proves false, Lighthouse Management Services, LLC may cancel and annul any lease given in reliance upon such information.

Signature _____ Date _____

Signature _____ Date _____

For Office Use Only

Approved Declined (See SafeRent.)

\$ _____ total required Deposits(s)
 \$ _____ total required Non-refundable Fee(s)

Approved with Conditions (check condition that applies below):

- a.) \$ _____ total required standard Deposit(s) plus
 \$ _____ total required Additional Security Deposit
 and \$ _____ total required Non-refundable Fee(s)
 b.) Approved with a Co-signer approved through SafeRent

 Property Management Signature
(Attach all verifications and SafeRent decisions.)

