



DATE OF APPLICATION _____

DESIRED DATE OF OCCUPANCY _____

UNIT SIZE _____ RENT \$ _____

Applicant Information

FIRST, MIDDLE, & LAST NAME:

Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent (Please circle)	Monthly payment or Rent:	How Long?
Name of Current Land Owner/ Landlord:		Phone:	
Previous Address:			
City:		State:	ZIP Code:
Owned	Rented (Please circle)	Monthly payment or Rent:	How Long?

Employment Information

Current Employer:		
Employer Address:		How Long?
Supervisor:	Phone:	Fax:
City:	State:	ZIP Code:
Position:	Hourly	Salary (Please circle)
Monthly/Annual Income:		

Co-Aplicant Information

FIRST, MIDDLE, & LAST NAME:

Date of birth:		SSN:	Phone:
Current Address:			
City:		State:	ZIP Code:
Own	Rent (Please circle)	Monthly payment or Rent:	How Long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented (Please circle)	Monthly payment or Rent:	How Long?

Co-Aplicant Employment Information

Current Employer:		
Employer Address:		How Long?
Supervisor:	Phone:	Fax:
City:	State:	ZIP Code:
Position:	Hourly	Salary (Please circle)
Monthly/Annual Income:		

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			



ADULTS _____ CHILDREN _____

APT NO. _____ PET FEE _____

(2) TWO Personal References			
Name	Address		Phone

Names of ALL OTHER Occupants			
Name	SSN	DOB	Relation to Applicant

Vehicle Information			
Make/Model	Year	Color	Tag # and State

How did you hear about us? _____

Have/Are you or anyone in your household:

Leased an apartment here? ___ Yes ___ No (If yes, when? _____ Apartment #? ____)

Have you ever been evicted or asked to move out from any residence? ___ Yes ___ No

Have you ever broken a rental agreement or lease? ___ Yes ___ No

Been sued for non-payment of rent? ___ Yes ___ No

Been sued for damage to rental property? ___ Yes ___ No

On Probation/Parole? (Circle which one) City & State? _____ Date? _____

Been convicted of a violent or drug related crime? ___ Yes ___ No

Been charged/convicted of a felony? ___ Yes ___ No (City & State? _____ Date? _____)

Do you intend to register a pet with Lamar Apartments? ___ Yes ___ No

I certify that all information given is true and correct. I authorize the verification of any or all information provided on this form. Any verification received will be added to my tenant file. I have received a copy of this application.

Applicant's Signature	Date
Co-Applicant's Signature	Date