

**ROLLINS RIDGE
RESIDENTIAL LEASE APPLICATION**

Applicant (s) must answer all questions for application to be considered.

Apt. Type Desired _____

Move-In Date Desired _____

1. I(We) hereby make application for Premises at _____
2. Rollins Rental per month \$ _____ Occupancy Date _____
3. Lease from _____ to _____
4. Applicant Name _____ Sex _____ Date of Birth _____
Work Phone # _____ Home Phone # _____
Email _____
Social Security Number _____ Driver's License # _____
5. Co-Applicant Name _____ Sex _____ Date of Birth _____
Work Phone # _____ Home Phone # _____
Email _____
Social Security Number _____ Driver's License # _____
6. List all others who will occupy the apartment:
Name Age Sex Relationship to Applicant

7. Do you expect any additional occupants within the next year? _____
8. Present Address _____ City _____ State _____ Zip _____
From _____ To _____ Monthly Rent \$ _____
9. Reason for leaving present address _____
10. Present Landlord _____ Phone _____
Present Landlord's Address _____ City _____ State _____
Email _____

11. Previous Address _____ City _____ State _____ Zip _____
From _____ To _____ Monthly Rent \$ _____
Management Company _____ Rental Office # _____

12. Has any Landlord sued any of the applicants for rent or possession? Yes _____ No _____
Name of Landlord: _____

13. Employer of Applicant _____ Occupation _____
Employer Phone _____ Ext. _____ Email _____
Address _____ City _____ State _____ Zip _____
From _____ To _____
Gross Weekly Salary _____ Gross Monthly Salary _____ Other Income _____

14. Other Income Source _____ Occupation _____
Employer Phone _____ Ext. _____ Email _____
Address _____ City _____ State _____ Zip _____
From _____ To _____
Gross Weekly Salary _____ Gross Monthly Salary _____ Other Income _____

15. Previous Employer _____ Occupation _____
Employer Phone _____ Ext. _____ Email _____
Address _____ City _____ State _____ Zip _____
From _____ To _____
Gross Weekly Salary _____ Gross Monthly Salary _____ Other Income _____

16. Co-Applicant Employer _____ Occupation _____
Employer Phone _____ Ext. _____ Email _____
Address _____ City _____ State _____ Zip _____
From _____ To _____
Gross Weekly Salary _____ Gross Monthly Salary _____ Other Income _____

17. Co-Applicant Other Income Source _____
Employer Phone _____ Ext. _____ Email _____
Address _____ City _____ State _____ Zip _____
From _____ To _____
Gross Weekly Salary _____ Gross Monthly Salary _____ Other Income _____

18. Co-Applicant Previous Employer _____ Occupation _____
Employer Phone _____ Ext. _____ Email _____
Address _____ City _____ State _____ Zip _____
From _____ To _____
Gross Weekly Salary _____ Gross Monthly Salary _____ Other Income _____

19. Please Submit Past Paystub (directly to leasing@draimancompanies.com)

20. In case of emergency, contact:
Name _____ Address _____ Phone _____

21. Vehicles Owned:

No 1. Type _____ Make _____ Model _____ Year _____ Tag _____
State _____ Color _____

No. 2. Type _____ Make _____ Model _____ Year _____ Tag _____
State _____ Color _____

No. 3. Type _____ Make _____ Model _____ Year _____ Tag _____
State _____ Color _____

22. Are you now in the Military Service or Military Dependent? _____

23. Do you have a pet? Yes _____ No _____ (Max. under 40 lbs.)

Name _____ Breed _____ Weight _____ Type _____

Color _____ Age _____ Gender _____

Is this a Service and/or Emotional Support Animal: Yes _____ No _____

24. This application is made, subject to approval of _____, and may without designating cause be disapproved by them, it being agreed that any such disapproval shall not be considered a reflection upon applicant. This application is to be made a part of the lease entered into by the lessor and lessee.

25. Each applicant for whom a credit check is run is required to pay a non-refundable fee of \$30.00/ applicant in consideration for Lessor taking the apartment off the market while considering approval of this application.

Applicant Initials _____ Application Initials _____

26. I am aware that if I rent _____, which is an apartment on notice to vacate, there is a possibility that the current resident may extend their notice, causing my move-in date to be extended or the apartment to be changed to another location or they may move early causing my move-in date to be early.

Applicant Initials _____ Applicant Initials _____

27. The truth of the information contained herein is essential, and if _____, deems any answer or statement herein to be false, or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled at their option. If the applicant cancels this application for any reason after making this application, _____ will retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application, and shall return that portion of the fees not actually expended on behalf of the resident(s) making application.

28. I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. As an inducement to enter into the lease, I authorize you to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from any liability in connection with any information they give. I have also been advised that I have the right, under Section 606(b) of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Advance Rental
Deposit Paid: \$ _____
Form of Payment _____

Application
Processing Fee Paid: \$ _____
Form of Payment _____

Signature of Applicant _____ Date _____

HOW DID YOU HEAR ABOUT US?

Zillow _____ **Apartments.com** _____ **Other** _____

Drive by _____ **Resident Referral** _____ **In-house Transfer** _____

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ **Visa** _____ **Master Card** _____ **Discover** _____
Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification # _____ **(last 3 digits located on the back of the card)**

Amount to Charge: \$ _____ **(USD)**

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:
