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HURD REAL ESTATE ASSOCIATES, LLC  
APPLICATION

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Property Name \_\_\_\_\_ Date \_\_\_\_\_

PLEASE TELL US ABOUT YOURSELF (each spouse will fill out a separate application)

Applicant's Last Name (Jr./Sr.) \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Last Name (Jr./Sr.) \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

How Long? \_\_\_\_\_ Move-in Date \_\_\_\_\_ Move-out Date \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Contact/Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Current Landlord \_\_\_\_\_ Landlord Day Phone # \_\_\_\_\_ Landlord Night Phone # \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Supervisor \_\_\_\_\_ How Long? \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Employment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Monthly Salary \_\_\_\_\_ Any Additional Income \_\_\_\_\_

Are you currently or will you be a student? \_\_\_\_\_ Have you been a student in the past calendar year? \_\_\_\_\_

If yes, which school? \_\_\_\_\_

	Name	Relationship	Age
List Other Persons who will occupy the apartment: (Individuals over the age of 18 will be required to complete a separate credit application)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I selected this apartment because (choose one): Paper \_\_\_ Apt Guide \_\_\_ Sign \_\_\_ Drive By \_\_\_ Internet \_\_\_ Referred by \_\_\_\_\_

Have you ever been evicted for non-payment of rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever committed or been convicted of a felony or any drug related or theft offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ No pets are allowed.

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PREVIOUS RESIDENCE HISTORY

Previous Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

How Long? \_\_\_\_\_ Move-In Date \_\_\_\_\_ Move-Out Date \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Name of Previous Landlord \_\_\_\_\_ Landlord Day Phone # \_\_\_\_\_ Landlord Night Phone # \_\_\_\_\_

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PREVIOUS EMPLOYMENT HISTORY

Applicant's Previous Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Supervisor \_\_\_\_\_ How Long? \_\_\_\_\_ Phone # \_\_\_\_\_  
Address of Employment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Monthly Salary \_\_\_\_\_

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VEHICLES: We do not allow vehicles without written permission. Vehicles not approved in writing may be towed away at Owner's expense.

1. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_  
2. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_  
Driver's License Nos. Applicant \_\_\_\_\_ State \_\_\_\_\_ Spouse \_\_\_\_\_ State \_\_\_\_\_

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IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY, PLEASE NOTIFY: (please list an individual not living in the apartment unit.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

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For Office Use Only:

Applicant proposes to lease Apartment No. \_\_\_\_\_ beginning on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
for a period of \_\_\_\_\_ months for \_\_\_\_\_ (\$ \_\_\_\_\_), payable in  
monthly installments of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) in advance on or before the  
1<sup>st</sup> day of each month. LESSEE agrees that a 10% late penalty will be added to the monthly installment if payment is not  
received on or before the 5<sup>th</sup> day of each month.

A NON-REFUNDABLE PROCESSING CHARGE OF \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) IS PAYABLE  
WITH THIS APPLICATION. APPLICANT UNDERSTANDS THAT THE PROCESSING CHARGE WILL NOT BE REFUNDED  
UNDER ANY CIRCUMSTANCES OR APPLIED AS PAYMENT OR CREDIT ON ANY MONIES DUE LESSOR.

Earnest money in the amount of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_) is payable with the application.  
EARNEST MONEY WILL BE REFUNDED IF THE APPLICATION IS REJECTED; HOWEVER, IF THE APPLICANT MERELY  
CHANGES HIS/HER MIND ABOUT THE APARTMENT AFTER THE EARNEST MONEY HAS BEEN PAID, THE EARNEST  
MONEY WILL BE RETAINED BY THE LESSOR AS LIQUIDATED DAMAGES.

Notice in writing may be mailed to Resident at leased premises or delivered to Resident in person.  
LESSOR'S failure to deliver possession of the premises at the time agreed upon shall not subject LESSOR to damages in any amount.

I HAVE READ AND I FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS 3 PAGE APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS A PART OF MY LEASE AGREEMENT, ESPECIALLY THOSE AREAS REGARDING EARNEST MONIES. I HEREBY AUTHORIZE THE MANAGEMENT TO MAKE ANY NECESSARY INVESTIGATION AS TO THE INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT NOT BE LIMITED TO, A CREDIT REPORT, VERIFICATION OF EMPLOYMENT, PAST RENTAL HISTORY, AND POLICE RECORDS. I THEREFORE CONSENT TO THIS INVESTIGATION, AND I CERTIFY THAT ALL STATED FACTS ARE TRUE, AND IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION MAY BE CAUSE FOR THE MANAGEMENT AND/OR OWNERS TO REJECT THIS APPLICATION AND/OR TERMINATE THE LEASE. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THIS REPORT. I UNDERSTAND THAT \_\_\_\_\_ WILL COMPILE THE REPORT AND THAT I MAY OBTAIN THIS INFORMATION BY WRITING DIRECTLY TO \_\_\_\_\_. I AUTHORIZE THE MANAGEMENT TO EXAMINE MY CRIMINAL RECORDS AND USE THE INFORMATION AS AN ADDITIONAL BASIS TO DETERMINE WHETHER THIS APPLICATION SHALL BE APPROVED OR DISAPPROVED.

APT. NAME \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

WITNESSED BY \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ TIME: \_\_\_\_\_

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For Office Use Only:

APPROVED ( ) DISAPPROVED ( ) INITIALS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Amount Paid \_\_\_\_\_ Move-in Date \_\_\_\_\_

Rev 3/18