



# CARDINAL COLLEGE LEASING

## APPLICATION TO RENT

Date: \_\_\_\_\_

A CO-SIGNER IS REQUIRED FOR EACH APPLICANT UNLESS THE SEMESTER IS PREPAID OR THERE IS A PREVIOUS LANDLORD HISTORY AVAILABLE FOR A MINIMUM OF ONE FULL YEAR. THE LANDLORD HISTORY MUST BE VERIFIED AND ALL PAYMENTS MUST HAVE BEEN MADE TIMELY.

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2. Present Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

4. Parent/Guardian Address: \_\_\_\_\_

5. Name and Phone Number of Current Landlord: \_\_\_\_\_

6. How Long at This Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

7. Make, Year and Color of Your Car: \_\_\_\_\_ Plate #: \_\_\_\_\_

8. Name, Address and Phone of Employer: \_\_\_\_\_

9. Who will be living with you?

A. Name	_____	Age	_____	Relationship	_____
B. Name	_____	Age	_____	Relationship	_____
C. Name	_____	Age	_____	Relationship	_____
D. Name	_____	Age	_____	Relationship	_____

10. Name of current Bank \_\_\_\_\_ Acct # \_\_\_\_\_

11. Have you ever filed for Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Have you ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. In case of emergency, please provide the name and phone number of a family member who will NOT be living with you:

Name: \_\_\_\_\_ Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I declare the above information to be true. I agree that the landlord may terminate any agreements entered into in reliance of any misstatement made above. I hereby authorize verification of references given and a credit check.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

A SECURITY DEPOSIT in the amount of \$ \_\_\_\_\_ is submitted with this application. I understand that if this application is not approved my security deposit will be returned to me by check in the mail. I agree to sign the lease within five (5) working days of notification of acceptance or the deposit will be forfeited. If applicable the co-signer must also sign the lease within the stated time frame or the same conditions will apply.

Co-Signer required: \_\_\_\_\_ Yes \_\_\_\_\_ No Reason: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_ Date: \_\_\_\_\_