

# GUEST APPLICATION

*This Application is not a Lease Agreement*

Person(s) to occupy apartment: *\*Driver's License # and DOB are Required of occupant(s)*

\_\_\_\_\_  
 (Name) (Social Security #) (Date of Birth)\* (Driver's License #)\* (Relationship)

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Current home address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Current phone #'s (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Employed by: \_\_\_\_\_ Office#: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's name & phone #: \_\_\_\_\_

Does applicant have a pet? (Written permission and deposit/fee required) \_\_\_\_\_ If so, breed & weight? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO

What is your reason for leasing a corporate apartment? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**PLEASE CHOOSE ONE BELOW...**

Rental Payments shall be paid by:  \*Credit Card  \*\*Company Check

**\*\*IF THIS WILL BE PAID BY A COMPANY CHECK, PLEASE COMPLETE BELOW:**

Direct Bill: \_\_\_\_\_  
 Company Name Address (include suite #) City/State/Zip Federal Tax ID#

Contact Person \_\_\_\_\_ Office#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT INFORMATION**

- Applicant hereby pays \$300, of which \$150.00 is a non-refundable administrative fee and \$150.00 is a Reservation Fee which shall become a Security Deposit upon execution of the lease. If Applicant cancels this Application after 24 hours, then Post shall retain the Reservation Fee as liquidated damages the injury caused by the cancellation is difficult or impossible of accurate estimation, \_\_\_\_\_ and Applicant intend to provide for damages rather than for a penalty, and the retained amount is a reasonable pre-estimate of \_\_\_\_\_'s probable loss.
- **DOES NOT ACCEPT PETS UNLESS WRITTEN PERMISSION HAS BEEN GRANTED.** Applicant understands that if evidence of a pet is found in the apartment, Applicant will be responsible for any and all pet damages including, but not limited to, upholstery cleaning, carpet cleaning, pest control fees and rent loss while apartment is down for these repairs.
- I will send/fax a copy of my driver's license and the front and back of my credit card that I am using as a guarantee, with my completed guest application.
- \_\_\_\_\_ requires a 30 day written notice of intent to vacate the above mentioned apartment, unless otherwise stipulated in the rental agreement.
- The undersigned warrants and represents the information on this Application to be true and correct. All persons and firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information. The undersigned hereby authorizes \_\_\_\_\_ to release all information contained in this Application on behalf and for the benefit of the undersigned. I understand that \_\_\_\_\_ may obtain a background report, including information as to my credit and criminal history, in connection with my Application and that my Application may be rejected based on information contained in the reports.

Signature: X \_\_\_\_\_

Please return by fax \_\_\_\_\_ or by email \_\_\_\_\_

**BELOW THIS LINE FOR INTERNAL USE ONLY**

Date: \_\_\_\_\_ Property: \_\_\_\_\_ Move in date: \_\_\_\_\_

Apt. #: \_\_\_\_\_ Floorplan: \_\_\_\_\_ Lease Term: \_\_\_\_\_

Leased by: \_\_\_\_\_ Daily\* \$ \_\_\_\_\_ \*(plus tax, if applicable) Rent: \$ \_\_\_\_\_ per 30 days

Level: \_\_\_\_\_ # Occupants: \_\_\_\_\_ \*Sales tax: \$ \_\_\_\_\_ per 30 days

Other: \$ \_\_\_\_\_ per 30 days

\*\*A lease under 90 days will incur the sales tax for that given county. Other: \$ \_\_\_\_\_ per 30 days

Sales tax is 6%, 7% or 8% depending on county and/or city limit. Total Due: \$ \_\_\_\_\_ per 30 days

APPROVED BY MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_



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## OCCUPANT REGISTRATION FORM

Name: \_\_\_\_\_  
Unit ID: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

*Each Occupant 18 years or older is required to complete an Occupant Registration Form.  
A Copy of a valid driver's license or other government-issued identification must be provided.  
(This completed form is required for approval of application)*

### Occupant Information:

Occupant Full Legal Name: \_\_\_\_\_  
(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Current Address or Last Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Driver's License # and State \_\_\_\_\_  
Email: \_\_\_\_\_  
Auto Make/Model: \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Auto License Plate # and State \_\_\_\_\_  
In case of Emergency, please notify: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

The undersigned warrants and represents this information on this Occupant Registration Form to be true and correct. I understand that \_\_\_\_\_ may obtain a background report, including information as to my criminal history, in connection with my occupancy and that my occupancy may be rejected based on information contained in those reports.

OCCUPANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_