

APPLICATION FOR LEASE

(PLEASE PRINT ALL INFORMATION)

MEMBER NO: _____

DATE _____ COMMUNITY _____ CREDIT CO. NO. _____ APT. NO. _____ TYPE _____

1. APPLICANT

LAST NAME		FIRST NAME		MIDDLE NAME		BIRTH DATE		DRIVER LICENSE NO.		SOCIAL SECURITY NO.		
PRESENT ADDRESS				CITY		STATE		ZIP CODE		HOW LONG?		
								HOME PHONE		RENT NOW PAID? \$		
PRESENT LANDLORD						ADDRESS			CITY		ZIP CODE	
EMPLOYER NAME				ADDRESS		CITY		STATE		ZIP CODE		
OCCUPATION				EMPLOYMENT PERIOD				SALARY (ANNUAL GROSS) \$				
PREVIOUS EMPLOYER NAME				ADDRESS		CITY		STATE		ZIP CODE		
										TELEPHONE NO.		

2. PERSONS RESIDING IN THE APARTMENT: (OTHER THAN APPLICANT)

NAME		RELATIONSHIP				BIRTHDATE	
						/ /	
NAME		RELATIONSHIP				BIRTHDATE	
						/ /	
NAME		RELATIONSHIP				BIRTHDATE	
						/ /	

3. OTHER INCOME WHICH YOU WISH TO HAVE CONSIDERED WHEN THIS APPLICATION IS EVALUATED:

AMOUNT	SOURCE:

4. CREDIT REFERENCES:

NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT. NO.	BALANCE OWED \$
NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT. NO.	BALANCE OWED \$

5. MOTOR VEHICLES OWNED BY APPLICANT:

YEAR	MAKE	LICENSE NO.	YEAR	MAKE	LICENSE NO.

6. CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY INVOLVING SEXUAL MISCONDUCT AND/OR A MISDEMEANOR INVOLVING SEXUAL MISCONDUCT (WHETHER OR NOT RESULTING IN A CONVICTION)? Yes No

7. IN CASE OF EMERGENCY, NOTIFY _____ Telephone: _____

Is anyone who is to occupy the apartment hearing impaired? Yes No
Do you want a hearing impaired smoke detector? Yes No

8. CLOSEST RELATIVE:

NAME	ADDRESS	RELATIONSHIP	PHONE

9. Do you expect any additional occupants within the next year? Yes No

10. If permitted, do you wish permission to have a pet? Yes No If yes, indicate weight & species:

DATE LEASE BEGINS	MO DAY YR	DATE LEASE ENDS	MO DAY YR	NO. OF MONTHS	IF SUBLET NEW RENT WILL BE \$	PARKING / GARAGE
						SPACE NO. RENT \$ / \$

PAYMENT WITH APPLICATION: (PAYABLE TO COMMUNITY NAME)

(OFFICE USE) RESIDENT NO.	APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	MONTHLY APARTMENT RENT: \$
APPLICATION FEE \$	SECURITY DEPOSIT \$		TOTAL PAYMENT WITH APPLICATION MONEY ORDER <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/>

BANK OR M.O. CO. _____ ACCT.# _____ CK.# _____ DATE OF CK. _____

1. Upon submitting this Application, the Applicant made a **non-refundable** application fee to cover the Owner's cost in processing the Application. It is expressly understood and agreed that this Application is subject to approval and acceptance by the Owner or his Agent.
2. The sums deposited herewith as partial Security Deposit and/or Pet and/or Garage Deposit are refundable if this Application is not approved by the Owner or his Agent.
3. If the Owner accepts this Application either orally or in writing, Applicant agrees within five (5) days of having been mailed notice of the approval of this Application to pay the balance of monies due in the amount of \$ _____.
4. If the Application is subsequently withdrawn by the Applicant, or is not accepted by the Owner, and the amount of the deposit exceeds \$25.00, the Owner shall return the amount of the deposit less the amount of any fees actually expended for a credit check or other expenses arising out of this Application. The return shall be made not later than fifteen (15) days following the written communication by either party to the other of a decision that no tenancy occur.
5. If this Application is approved and accepted, and the Applicant fails to execute a lease, then if the amount of the deposit exceeds \$25.00, the Owner shall return the amount of the deposit less (1) the actual amount of any fees actually expended for a credit check or other expenses arising out of this Application, and (2) the loss of rent, if any, resulting from Applicant's action. The return shall be made within fifteen (15) days after Owner's receipt of written communication that no tenancy shall occur.
6. If within fifteen (15) days of the first to occur of occupancy or signing a lease, Applicant decides to terminate the tenancy, then if the amount of the deposit exceeds \$25.00, the Owner shall return the amount of the deposit less (1) the actual amount of any fees actually expended arising out of this Application and (2) the loss of rent, if any, resulting from the Applicant's action. The return shall be made within forty-five (45) days after Owner's receipt of written communication of Applicant's decision to terminate the tenancy.
7. If the Owner fails to return the fees as described above, he shall be liable for damages in the sum of twice the amount of fees collected from the Applicant.
8. The truth of the statements made herein by any Applicant is a condition to the validity of a subsequent lease agreement. Resident shall be in default and face immediate termination of the Lease if Resident has given false or incorrect answers on the Application for Lease.
9. AUTHORIZATION FOR CREDIT INVESTIGATIVE REPORT: 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 contract, I authorize VISTA MANAGEMENT CO., INC. to verify any and all information contained in the Application and to inquire into my character, general reputation, personal characteristics and mode of living; and I release all concerned from liability, in connection with any information they give; I have also been advised that I have the right, under the Fair Credit Reporting Act, to make written request, within a reasonable time for a complete and accurate disclosure of the nature and scope of the investigation; and to use any information provided on the Application for Lease in an attempt to collect a debt and any information obtained will be used for that purpose in compliance with the Fair Debt Collection Practices Act.

WE HEREBY ACKNOWLEDGE RECEIPT OF THE TOTAL PAYMENT SET FORTH ABOVE. VISTA MANAGEMENT CO., INC. NOTICE: BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE OWNER TO VERIFY THIS INFORMATION. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

I/we have fully read and understand all of the provisions of this Application and acknowledge receipt of a completed copy of same.

RESIDENT MANAGER _____ APPLICANT _____ DATE _____ APPLICANT _____ DATE _____

VISTA MANAGEMENT CO., INC. 1131 UNIVERSITY BLVD., WEST #101 SILVER SPRING, MARYLAND 20902 (301) 649-1115 FAX (301) 649-3560

WHITE - CORPORATE

YELLOW - COMMUNITY

PINK - APPLICANT