

Tell Us About Yourself

PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID -Your photo ID must be presented at time of application and again at move-in.

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #		TYPE OF ID	STATE OR GOVT. THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS (Required)	
PRESENT ADDRESS			COUNTY		WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #		MOBILE TELEPHONE #

LIST ALL OTHER PERSONS TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
PRESENT ADDRESS	<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED	<input type="checkbox"/> RENTED	<input type="checkbox"/> FAMILY	<input type="checkbox"/> STUDENT	<input type="checkbox"/> OTHER	
IS (Check one):	HOME	HOME	APARTMENT	HOME	HOUSING		
IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY							

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:	REASON FOR LEAVING:

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)

CITY	STATE	ZIP	TELEPHONE #
PREVIOUS ADDRESS	<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED	<input type="checkbox"/> RENTED
IS (Check one):	HOME	HOME	APARTMENT
IF RENTING or OWNED: PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY			

ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

COUNTY WHERE RESIDENCE LOCATED		
CITY	STATE	ZIP
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:
REASON FOR LEAVING:		

Employment

EMPLOYER (COMPANY NAME)		HOW LONG?	MONTHLY GROSS INCOME	
ADDRESS		CITY	STATE	ZIP
JOB TITLE		SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #
OTHER SOURCE(S) OF VERIFIABLE INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES	

FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB)

HOW LONG?	
ADDRESS	CITY
STATE	ZIP
JOB TITLE	SUPERVISORS NAME
SUPERVISOR'S TELEPHONE #	

Motor Vehicles

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

Person to Notify in Case of Emergency, Death or Incapacity** (cannot be someone who intends to reside in the premises)

NAME	RELATIONSHIP	PRIMARY TELEPHONE #	ALTERNATE TELEPHONE #	
ADDRESS		CITY	STATE	ZIP

CRIMINAL BACKGROUND INFORMATION

Do you (or any of the potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?

Applicant ☐ Yes ☐ No

Occupants ☐ Yes ☐ No

Have you (or any of the potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of "guilty" or "no contest" to any criminal offense; or had any criminal matter disposed of in a manner other than by acquittal or a finding of "not guilty"?

Applicant ☐ Yes ☐ No

Occupants ☐ Yes ☐ No

If "Yes" to any of the above questions, give details and dates, including the country and state in which the incident occurred:

How did you hear about our community?

- ☐ Internet (Which site?) _____
- ☐ Drive-By ☐ Rental Publication (Which one?) _____
- ☐ Locator Service (Which one?) _____

- ☐ Resident (Name?) _____
- ☐ Rental Agency (Which one?) _____
- ☐ Other _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information. You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete, or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you. You also acknowledge that if any payment to us is returned or otherwise rejected by your financial institution for any reason, we will assess a returned item fee in accordance with local law.

I have read and agree to the provisions as stated.

Applicant Signature _____

Date _____

Non-refundable Tenant Screening Charge

Required with each Application: \$ 27.25

Address of Apartment being held: _____

OFFICE USE ONLY

Apartment Number _____

Apartment Size/Description _____

Anticipated Move-in Date _____

Quoted Monthly Apartment Rent _____

Specials _____

Property Staff Initials _____

• **Email Address & Electronic Signatures.** Please provide the email address through which you prefer to receive communications from us. In particular, we may present our lease documents to you for signature electronically. If we do so, you will receive an email with a link to your lease. You can review the lease on your own time and sign it, electronically, any time prior to your move-in date. Your electronic signature should match the name that is displayed in your lease. After all residents, have signed the lease, you will have access to it any time by contacting the management office. An electronic signature is enforceable and replaces traditional pen and paper signatures. If you will not be able to use this method of signature because you do not have an email address or access to internet, please let us know so we can prepare a paper lease for signature in the office.

• **Authorization for Providing Access in the Event of Emergency, Death, or Incapacity.** If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

PET APPLICATION

The animal/pet(s) listed on this Pet Application Form are not allowed on the premises unless approved by management, and you have read and agreed to the Pet Policy Agreement.

TYPE OF PET	BREED	WEIGHT	AGE	SPAYED/NEUTERED	COLOR	NAME
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		

Veterinarian:	
NAME:	COMPANY:
CITY:	PHONE:

Applicant certifies that the animal/pet(s) listed above have not inflicted injury on or bitten a human or domestic animal, chased, or approached a person in a menacing fashion or apparent attitude of attack, nor does your animal have a tendency or disposition to attack unprovoked, to cause injury or otherwise threaten the safety of humans or domestic animals. Navarino reserves the right to deny any animal/pet(s) per the Pet Policy Agreement.

I have read and agree to the provisions as stated

Applicant Signature _____

Date _____

Applicant Signature _____

Date _____

OFFICE USE ONLY

Management Approval:

The animal/pet(s) listed on this Pet Application Form have been reviewed and approved to be housed under the terms and conditions of the Pet Policy Agreement.

Manager Signature _____

Date _____