



PARKER & ASSOCIATES

P R O P E R T Y M A N A G E M E N T

Date:
Unit:
Monthly Lease Rate:
Security Deposit Amount:
Check Number:
Application Fee Pd.: No <input type="checkbox"/> Yes <input type="checkbox"/>

Name:	Birthdate:	Age:	SSN:
Cell phone:	Home phone:	Email:	
Complete Present Address:			
Landlord's Name:	Telephone:		
Permanent Address:			
Employer:	Supervisor:	Telephone:	
Parent's Names:	Telephone:		
Parent's Occupations:	Telephone:		

Vehicles - No vehicles without written permission. Vehicles not approved may be towed at owner's expense.				
Make	Model	Year	Color	Tag #
Drivers License No.:		State:		
Has Applicant Ever: Filed for Bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/>				
Been Evicted From Tenancy: No <input type="checkbox"/> Yes <input type="checkbox"/>				
Had a Criminal Record? No <input type="checkbox"/> Yes <input type="checkbox"/>				
Willfully or intentionally refused to pay rent when due? No <input type="checkbox"/> Yes <input type="checkbox"/>				

In Case of Illness, Accident, Emergency, Please notify:	
Name:	Relationship:
Address:	Telephone:

Applicant understands that there is non-refundable credit processing fee of \$25 per applicant. The earnest money/deposit is only refundable if this application is rejected by the management company or if the lease provisions are fulfilled in their entirety.

APPLICANT CERTIFIES THAT ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. BY SIGNING OF THIS APPLICATION, APPLICANT HEREBY GIVES AGENT AUTHORIZATION FOR CREDIT AND REFERENCE CHECKS OF ALL INFORMATION CONTAINED IN THIS APPLICATION.

APPLICANT'S SIGNATURE _____ Date _____