LOGHILL RUN OF COLUMBIA APPLICATION FOR APARTMENT UNIT RENTAL (TENANT)

Name of Applicant		Ph	one		
Present Address					
Present Landlord		Pho	one		
Permanent Address					
Email Address					
Social Security Number	Date of Birth				
If a Student what year					_
Employer		PhoneZip			
Employer Address		City	State	Zip	
Previous Landlord			Phone		
Parent / Guardian			SS#		
Phone	Address				
Parent/Guardian Employer			Phone		
In Case of Emergency, Notify			Phone		
Nearest Relative Not Living with you			Phone		
If you will be parking an automobile at the A	Apartments, please p	provide the foll	owing information: Mak	e of	
Automobile	Year	Licen	se Plate #		Color of
Automobile	Driver's License #				
State					_
Bank and Credit References:					
Bank Name	City & State		Acct. #		
Credit Card	City & State		Acct. #		
Creditor	City & State		Acct. #		

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS A PART OF MY LEASE WITH MANAGEMENT. I HEREBY AUTHORIZE MANAGEMENT TO MAKE ANY INVESTIGATION AS TO THE INFORMATION CONTAINED IN THIS APPLICATION AND USE SUCH INVESTIGATION AS A BASIS TO DETERMINE WHETHER THIS APPLICATION SHALL BE APPROVED OR DISAPPROVED. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT NOT BE LIMITED TO, A CREDIT REPORT, VERIFICATION OF EMPLOYMENT, PAST RENTAL HISTORY, AND CRIMINAL RECORDS. I, THEREFORE, CONSENT TO THIS INVESTIGATION, AND I WARRANT AND CERTIFY THAT ALL STATED FACTS ARE TRUE, CORRECT AND COMPLETE, AND I UNDERSTAND THAT ANY MISREPRESENTATION, NOT TRUE STATEMENT OF FACT OR OMISSION MAY BE CAUSE FOR MANAGEMENT TO REJECT THIS APPLICATION AND/OR TERMINATE MY LEASE. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION.

Signature of Applicant	Date	