

Occupant Application



| | | | |
|---|---------------|---|----------------------|
| Address of premises you are applying for | | Name of Lease Holder | Name of Lease Holder |
| Applicant Full Name (as shown on govt. issued ID) | | Phone | Email |
| Social Security Number | Date of Birth | Driver's License Number / Identification Card / State | |
| Present Employer | | Employer's Address | |
| Employer Phone | How Long? | What is your relationship to the current lease holder? <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Other _____ | |

Additional Occupants under the age of 18

| | | |
|-------|----------------|------|
| Name: | Date of Birth: | Age: |
| Name: | Date of Birth: | Age: |
| Name: | Date of Birth: | Age: |

Rental / Criminal History - Have you, your spouse, or any occupant ever:

| | |
|--|--|
| been evicted or asked to move out? <input type="checkbox"/> Yes <input type="checkbox"/> No | been sued for rent or property damages? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| moved out of a dwelling before the end of a lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No | been required to register as a sex offender in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain. |

| | | | | | |
|--|---|--------------|--------|------|---|
| What kind of pets will be living with you? | If you are bringing a dog(s), please provide the following information: | | | | |
| None <input type="checkbox"/> | Cat(s) # | Reptile(s) # | Breed: | Age: | House Broken <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dog(s) # | Bird(s) # | Other | Breed: | Age: | House Broken <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant Authorization
Occupant application fees are non-refundable. Occupant applicant agrees to a background check which may include, but is not limited to, contacting employers, creditors, landlords, law enforcement and any additional person or entities deemed necessary by ERGS Properties, and utilize information to approve or disapprove this application for occupancy. Applicant verifies all information on this application is to be true. Any false statements may lead to rejection of application.

Signature of Applicant _____ Date of Application _____

Tenant Authorization

Upon management's approval of Occupant application, I authorize the above applicant to reside in my apartment, subject to the terms and conditions of my lease agreement.

Signature of Lease Holder _____ Date _____ Apartment _____

Signature of Lease Holder _____ Date _____ Apartment _____

Signature of Lease Holder _____ Date _____ Apartment _____

Management Authorization

ERGS Properties authorizes applicant to reside in the apartment listed above, subject to the terms and conditions of Tenant's lease agreement.

ERGS Properties Agent _____ Date _____

For Office Use Only

| | | | |
|---------------|--------------|-----------------|-------------|
| Property/Apt# | Move-In Date | Application Fee | Approved by |
|---------------|--------------|-----------------|-------------|