



# CAMBRIDGE MANAGEMENT SERVICES, INC. LEASING APPLICATION

(Each Occupant over the Age of 18 - Must Complete an Application)

Marital Status:  Married  Single

Current Home Phone #: ( ) \_\_\_\_\_

Community Representative: \_\_\_\_\_

**Applicant:**

\_\_\_\_\_  
Last Name First Middle Social Security Number

\_\_\_\_\_  
Driver's License # State

\_\_\_\_\_  
Date of Birth Email Address

**Spouse:**

\_\_\_\_\_  
Last Name First Middle Social Security Number

\_\_\_\_\_  
Driver's License # State

\_\_\_\_\_  
Date of Birth Email Address

**Other Occupants:**

\_\_\_\_\_  
Name Date of Birth Name Date of Birth

\_\_\_\_\_  
Name Date of Birth Name Date of Birth

**Pets:**  Birds  Fish  Cat  Dog Number of Pets: \_\_\_\_\_

\_\_\_\_\_  
Pet Name Breed Pet Name Breed

**Applicant Employment:** (Must Verify 2 Years)

**Retired:** \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

If Retired - Source of Income: \_\_\_\_\_ Monthly \_\_\_\_\_ or \_\_\_\_\_ Annual

**Additional Income:** *IRA's* \_\_\_\_\_ *CD's* \_\_\_\_\_ *Other* \_\_\_\_\_

**Current Employer:**

\_\_\_\_\_  
Employer Date of Hire Position / Title

\_\_\_\_\_  
Human Resources Dept. Phone # Contact Name \$ Annual Income

**Previous Employer:**

\_\_\_\_\_  
Employer Date of Hire Position / Title

\_\_\_\_\_  
Human Resource Phone# Contact Name \$ Annual Income

**Spouse Employment:** (Must Verify 2 Years)

**Retired:** \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

If Retired - Source of Income: \_\_\_\_\_ Monthly \_\_\_\_\_ or \_\_\_\_\_ Annual

**Current Employer:**

\_\_\_\_\_  
Employer Date of Hire Position / Title

\_\_\_\_\_  
Human Resource Phone# Contact Name \$ Annual Income

**Applicant Rental/Mortgage History:** (Must Verify 2 Years)

**Current Landlord:**

\_\_\_\_\_  
Rental Address City State / Zip Code Move In Date / Move Out Date

\_\_\_\_\_  
Landlord / Mortgage Company Landlord Phone # Monthly Payment

**Previous Landlord:**

Rental Address	City	State	Zip Code	Move In Date / Move Out Date
Landlord / Mortgage Company	Landlord Phone #		Monthly Payment	

**Auto and Emergency Contacts:**  
Vehicle: \_\_\_\_\_

Year	Make	Model	Color	License Plate Number / State
Year	Make	Model	Color	License Plate Number / State

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AUTHORIZATION TO VERIFY INFORMATION:** Applicant(s) represent that the above statements are true and complete and hereby authorize verification of any and all information including release of information by any financial institution, employer (present and former) and landlord (present and former). Applicant(s) acknowledge that false information herein may constitute grounds for rejection of this application, termination of the right of occupancy and forfeiture of deposits and may constitute a criminal offense under State law. **APPLICATION DEPOSIT AGREEMENT:** Applicant(s) have tendered a faith deposit (**hereinafter referred to as A Reservation Fee**) in the amount of \$ \_\_\_\_\_; in consideration of Owner taking the dwelling off the market while considering approval of the Application. **If Applicant(s) are approved, the Reservation Fee paid will be applied to your Security Deposit and your First Months rent as outlined on your Reservation Agreement and deposited into a non-interest bearing escrow account to remain in such for the duration of the Applicant(s) residency.** If the Applicant(s) are approved and fail to promptly enter into the Lease Agreement for the dwelling, the Deposit will be retained by the Owner and considered compensation for expenses incurred and loss of revenue as a result of taking the dwelling off the market. The Deposit will be refunded only if Applicant(s) is not approved. Unless the Deposit is made in the form of money order or cashiers check, the Deposit will not be refunded until the check has cleared. KEYS WILL BE FURNISHED only after the Lease Agreement and other rental documents have been properly executed by all parties and applicable rent/security deposit/fees have been paid. APPLICATION FEE: Applicants acknowledge that the \$ \_\_\_\_\_ application fee paid is non-refundable. **Villa Grande on Saxon** is Agent for and paid by the Owner. It is understood that this Application is preliminary only and does not obligate Owner or Owner's Agent to execute a Lease or deliver possession of the proposed dwelling.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CAMBRIDGE MANAGEMENT SERVICES, INC. LEASING APPLICATION**  
**Release of Information and Authorization for Verification of Application**

*Unmarried co-applicants must fill out a separate release*

Have you ever had an eviction filed against you?

Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Have you ever left owing money to any owner or landlord?

Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Have you applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Have you or any occupants ever been convicted of, arrested for, put on probation for, or had adjudication withheld or deferred for a felony offense?

Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_  
Occupant: Yes \_\_\_ No \_\_\_

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.**

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute a criminal offense under the laws of this State. I/We hereby release **Villa Grande on Saxon** and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquires. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

