

<b>Community:</b>		<b>Lafayette Garden Apartments</b>	<b>(OFFICE USE ONLY)</b>
Leasing Agent		Rent Quoted	\$
Unit Number	#	Application Fee	\$
Date Applied		Security Deposit	\$
Date Approved		Pet Fee	\$
Lease Term	Months	Move-In Date	
Comments:			

Company Information	
Legal Name:	DBA:
TAX ID:	Years in Business:
Nature of Business:	Phone:
Fax:	Email Address:
Present Address:	City, State, Zip:

Financial Information	
If Tax Records are Unavailable, please provide a verification of funds letter from CPA.	
Business Reference:	Account Number:
Phone:	
Business Reference:	Account Number:
Phone:	

Contact Information	
Contact Name:	Position:
Phone:	Cell Phone:
Email:	Fax:
Position:	

Occupants/Employees will be subject to criminal background checks	
Persons to occupy unit:	_____
(Please provide copy of DL)	_____
	_____

The undersigned person represents that all statements are true and complete and hereby authorize verification of such information via credit reports, rental history reports, release of information by employer (present or former) and other means. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject application, (2) retain application fee, and deposit as liquidated damages for the owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Once applicant has been notified of approval, failure to move-in will result in the forfeiture of the deposit for removing the apartment from the market

\_\_\_\_\_  
Authorized Company Representative

\_\_\_\_\_  
DATE