

Leaseholder-Agent, Occupant	APPLICATION	Today's Date:	Rate Quoted:
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<i>Leaseholder Name</i> _____ <i>First</i> <i>Middle</i> <i>Last</i> <i>Date of Birth:</i> _____		<i>Additional Occupants in Unit</i> <input type="checkbox"/> YES <input type="checkbox"/> NO * Requires Additional App <i>NAME</i> _____ <i>STATUS</i> _____ <i>Non-Leaseholder</i> * _____ <i>Leaseholder*</i> _____ <i>Minor</i> <i>Pets</i> Yes _____ No _____ <i>Please Describe</i> _____		
<i>Leaseholder SS#:</i> _____	<i>Non US Passport #</i> _____ <i>Issuing Country:</i> _____	<i>Lease Dates:</i> _____	<i>Office Use Only: Agent</i> _____	
<i>Email Address:</i> _____	<i>Phone:</i> _____	<i>Floor plan:</i> _____	<i>App Fee Paid by:</i> _____ __cc__mo__dc	
<i>Your Current Employer & Position:</i> _____	<i>Since:</i> _____ <i>Annual Salary \$</i> _____	<i>Contact Phone/email to Verify Employment</i> _____	<i>Supervisor Name</i> _____	
<i>Previous Employer if above is < 2 years:</i> _____	<i>Since:</i> _____ <i>Annual Salary \$</i> _____	<i>Contact Phone/email to Verify Employment</i> _____	<i>Supervisor Name</i> _____	

PRESENT HOME ADDRESS (street , city, state, ZIP) Street _____ Apt # _____ City _____ State _____ Zip _____ Since _____ Rent or Own _____ Monthly Payment _____ Landlord email _____ / phone # _____	PREVIOUS HOME ADDRESS if present is < 2 years Street _____ Apt # _____ City _____ State _____ Zip _____ Since _____ Rent or Own _____ Monthly Payment _____ Landlord email _____ / phone # _____
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Have you ever been evicted from a rental unit? Yes _____ No _____ Explain: _____

Have you ever had bedbugs in a previous hotel or rental unit? No _____ If Yes ____, Please explain _____

Has there ever been a judgments or liens filed against you or your company in connection to a rental unit? Yes _____ No _____

Explain: _____

If you have previously leased any furnished units, please supply that information below

Furnished Housing leased from _____ to _____ Street _____ Apt # _____ City _____ State _____ Zip _____ Landlord's Name _____ & Contact Information: Phone# _____ EMAIL _____	REQUESTS / SPECIAL REQUIREMENTS <i>Floor Preference</i> ___1 st or ___2 nd or ___Bungalow # of Occupants _____ <i>Special Requirements</i> _____ <i>After-hours check on</i> _____ at _____ PM <i>Additional items we should address</i> _____
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PLEASE READ CAREFULLY : Applicant represents that all of the above statements are true and complete, and hereby authorized verifications of above information references and credit records. **Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application if discovered** before move in. Applicant acknowledges that management may not be able to complete comprehensive action of the Agreement before move in. Management reserves the right to verify application information after move-in and may convert the proposed Rent Agreement to a month-to-month term if misleading information is contained in this application. I warrant that all statements above set forth are true, however, should any statement made above be a misrepresentation or not a true statement of facts, I understand that two-hundred (\$250.00) fifty dollars of any deposit will be retained to offset the agent's cost, time and effort in processing my application.

I recognize that as part of Zazu Pannee's application processing, an investigative consumer report may be prepared. I authorize all contacted sources to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Applicant's Signature _____ Date _____

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