



## Denizen Management Membership Application

1. Applicant Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
DL Number: \_\_\_\_\_ DL Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Soc. Sec No.: \_\_\_\_\_ Soc. Sec No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Present Address: \_\_\_\_\_  
Circle One: Lease Own Other: \_\_\_\_\_ Length at current Address (in months) \_\_\_\_\_  
List name and phone # of landlord or Mortgage Company on the line below: Monthly payment \_\_\_\_\_  
\_\_\_\_\_

3. Previous Address if above is less than two years:  
\_\_\_\_\_

4. Applicant's occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Work email: \_\_\_\_\_ Start Date: \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_  
Immediate Sup: \_\_\_\_\_ Other Income: \_\_\_\_\_ Source \_\_\_\_\_

5. Spouse's occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Work email: \_\_\_\_\_ Start Date: \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_  
Immediate Sup: \_\_\_\_\_ Other Income: \_\_\_\_\_ Source \_\_\_\_\_

6. Other Occupants of the apartment:

Name Relationship Date of Birth

\_\_\_\_\_
\_\_\_\_\_

7. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

8. Number of autos owned or used by all occupants: \_\_\_\_\_

Make Model Color Year Plate# State

\_\_\_\_\_
\_\_\_\_\_

9. Pets: # Dogs: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ # Cats: \_\_\_\_\_

10. How did you hear about our community? \_\_\_\_\_

11. Do you have renter's insurance? Yes or No \*\*Our community requires you to carry renter's insurance.

Initials: \_\_\_\_\_

12. Have you ever had problems with pest contaminations, such as bed bugs? Yes or No (circle one)
If yes, please identify the year, describe the problem and describe the corrective actions taken, if any:

\_\_\_\_\_

I/we understand and agree that if this offer to lease is accepted, I/we will execute a lease with Denizen Management and the first rental payment will be due upon the first day of occupancy and will cover the period from the first day of the term through the remainder of that month. Thereafter, all rental payments will be due and payable in advance on the first day of each month. I/we hereby consent to allow Denizen Management through its designated agent and its employees, to obtain and verify my/our credit, criminal, employment and rental history information for the purpose of determining whether or not to lease to me/us an apartment.

I/we hereby agree that Denizen Management may retain the entire deposit of \$\_\_\_\_\_ tendered by me/us with this lease application should Denizen Management approve the lease application, and I/we for any reason fail, refuse or decide not to execute a lease agreement with Denizen Management.
Application fee is non-refundable.

Applicant Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature X \_\_\_\_\_ Date: \_\_\_\_\_