

Summit Management Services., RENTAL APPLICATION
(Subject to Owner's Approval)

Apt # Leased _____

			Date		
Name of Applicant		Maiden Name		SS#	
Present Address		<input type="checkbox"/> Rent <input type="checkbox"/> Own		Home Phone	
Cell Phone		Email Address		Driver's License No	
City		State		Zip	
Present Landlord/Apartment Name		City		State	
Former Address		City		State	
Former Landlord/Apartment Name		City		State	
Current Occupation		Monthly Income		Length of Employment	
Current Employer		Complete Address		Phone Number	
Immediate Supervisor's Name and Title				Phone Number	
Past Employer (if less than 6 months at current position)		Length of Employment		Gross Salary	
Additional Income (describe source)					
In Case of Emergency Notify		Relation to Applicant		Complete Address	
Personal Reference (Name)		Complete Address		Home Phone Number	
Occupation		Relation to Applicant		Work Phone Number	
Personal Reference (Name)		Complete Address		Home Phone Number	
Occupation		Relation to Applicant		Work Phone Number	

1.	Has any civil judgement been entered against you for the collection of a debt in the past 10 years? Yes No	6.	Have you ever been evicted or refused to pay rent for any reason? Yes No
2.	Do you have or intend to have water filled furniture in the rental unit? Yes No	7.	Have you, or do you intend to possess, sell, or use illicit drugs or narcotics in or about your residence? Yes No
3.	Do you have, or intend to have, any pets in the rental unit? Yes No	8.	Have you ever been convicted for possession, use or sale of illegal substances? Yes No
4.	Have you filed for bankruptcy in the past 10 years? Yes No	9.	Have you ever been convicted of a misdemeanor? Yes No
5.	Have you ever been convicted of a sexual offense? Yes No	10.	Have you ever been convicted of a felony? Yes No

If you answered "yes" to any of the above questions, please explain below (use reverse side if necessary):

LIST ALL OTHER OCCUPANTS WHO WILL RESIDE IN APARTMENT: (All occupants 18 and over must file separate applications)

	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC.SEC #</u>		<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC.SEC #</u>
1.	_____	_____	_____	4.	_____	_____	_____
2.	_____	_____	_____	5.	_____	_____	_____
3.	_____	_____	_____	6.	_____	_____	_____

ALL RENTS ARE DUE AND PAYABLE ON THE FIRST DAY OF EACH MONTH IN ADVANCE.

Pursuant to Fair Housing Laws, the management shall neither refuse to rent or lease an apartment to any person because of race, color, creed, religion, national origin, ancestry, handicaps or familial status of the applicant nor discriminate in the terms offered or the services rendered.

The undersigned warrants and represents that all statements herein are true and permits verification. Should it be determined prior to or at any time during a subsequent tenancy that information given was false, landlord reserves the right to terminate said tenancy immediately. The undersigned agrees to provide documentation necessary to substantiate present or prior earnings which are to be considered as a basis for payment of rent. The undersigned further agrees to execute upon presentation a lease in the usual form and on terms and conditions therein stated, which lease may be terminated by the Lessor if any statement

herein made is not true. This application and deposit are taken subject to previous applications.

I hereby give permission to obtain information on my credit, rental history, criminal history, income verification, and other references, now or in the future for the purpose of this application or for enforcing the provisions of any future lease with Summit Management Services, which include, but are not limited to, the collection of rent and any other balances due.

ANY DEPOSIT THAT IS MADE WITH THIS APPLICATION IS NON-REFUNDABLE SHOULD I/WE DECIDE TO WITHDRAW THIS APPLICATION. APPLICATION FEES ARE \$45.00 PER PERSON AND ARE NON-REFUNDABLE.

Rental Agent _____ Prospective Resident _____

**SUMMIT MANAGEMENT SERVICES, INC.
LEASE CONTRACT GUARANTY**

You, as Guarantor signing this Lease Contract Guaranty, guarantee all obligations of tenant(s) under the Lease Contract described below:

DATE OF LEASE: _____

LANDLORD'S NAME: _____
(Agent for Summit Management Services, Inc.)

TENANT'S NAME (S) (LIST ALL TENANTS ON LEASE CONTRACT):

STREET ADDRESS OF DWELLING BEING LEASED:

UNIT NUMBER: _____

You agree that your obligations as Guarantor will continue and will not be affected by amendments, renewals, or extensions of the Lease Contract which may be agreed to from time to time between tenant(s) and us. If we, as landlord of the dwelling, delay or fail to exercise lease rights, pursue remedies, give notices, or make demands to you, as Guarantor, you will not consider it as a waiver of our rights, as owner. All our remedies against the tenant(s) apply to Guarantor, as well. All tenants and Guarantors are jointly and severally liable. It is unnecessary for us to sue or exhaust remedies against tenants in order for you to be liable. In the event the tenant(s) fail(s) to pay the rent when due, we may notify you in writing, of such failure and you shall PROMPTLY pay to us all amounts then owed, and from time to time thereafter owed, under the provisions of the Lease Contract.

You understand that we are relying on this guarantee in evaluating the application for this Lease Contract and that the following information is offered for consideration and verification. You hereby give permission to us to obtain information on your credit for the purpose of this guarantee. A facsimile signature by you on this Guaranty will be just as binding as an original signature. It is not necessary for you, as Guarantor, to sign the Lease Contract itself or to be named in the Lease Contract. This Guaranty does not have to be referred to in the Lease Contract.

PROPOSED TENANTS: _____

GUARANTOR'S NAME: _____
RELATIONSHIP TO TENANT

ADDRESS: _____

PHONE: () _____
INCLUDE AREA CODE E-MAIL ADDRESS

GUARANTOR'S EMPLOYER LENGTH OF EMPLOYMENT

OCCUPATION SUPERVISOR

EMPLOYER'S ADDRESS ZIP

() _____
EMPLOYER'S PHONE NUMBER MONTHLY INCOME

(ATTACH VERIFICATION IN FORM OF MOST RECENT PAYCHECK STUB, TAX FORM, BANK OR INVESTMENT STATEMENT, ETC.)

GUARANTOR'S DATE OF BIRTH GUARANTOR'S SOCIAL SECURITY #

GUARANTOR'S SIGNATURE DATE

DATE: _____ THEN PERSONALLY APPEARED THE ABOVE-NAMED, _____
AND ACKNOWLEDGE THE FOREGOING INSTRUMENT TO BE HIS/HER/THEIR FREE ACT AND DEED BEFORE ME.

NOTARY PUBLIC MY COMMISSION EXPIRES ON: