

Application Agreement

Name	_____	Birth Date	_____
Social Security #	_____		
Driver's License #	_____	State	_____
Present Address	_____		
City	_____	State	_____
	_____	Zip Code	_____
Home Phone	_____	Work Phone	_____
Other Phone	_____	Fax Number	_____
E-mail	_____		

Employment Information

Employer	_____	Position	_____
Date of Hire	_____	Gross Monthly Income	\$ _____
Business Address	_____		
City	_____	State	_____
	_____	Zip Code	_____
Supervisor Name	_____	Phone	_____
If Less than Two (2) Years			
Previous Employer	_____		
Supervisor Name	_____		
Business Address	_____		
City	_____	State	_____
	_____	Zip Code	_____
Phone	_____	How Long?	_____

Occupant Information

Total # of Occupants	_____		
Name	_____	Birth Date:	_____
	_____	Relationship	_____
	_____	Keys?	_____
Name	_____	Birth Date:	_____
	_____	Relationship	_____
	_____	Keys?	_____
Name	_____	Birth Date:	_____
	_____	Relationship	_____
	_____	Keys?	_____
Name	_____	Birth Date:	_____
	_____	Relationship	_____
	_____	Keys?	_____
Name	_____	Birth Date:	_____
	_____	Relationship	_____
	_____	Keys?	_____
Pets?	Yes _____	Type	_____
		Weight	_____
		Number?	_____

Credit Information

Landlord/Mortgage Holder Name	_____	Phone	_____
Address	_____		
City	_____	State	_____
	_____	Zip Code	_____
Move In Date	_____	Monthly Payment	\$ _____
Home Owner	_____	Renting	_____
	_____	Living with Family	_____
Are you presently under a lease term?	No _____	Yes _____	Lease Expiration Date _____

If Less Than Two (2) Years

Landlord Name _____ Phone _____
Address _____
City _____ State _____ Zip Code _____
Move In Date _____ Monthly Payment \$ _____

Bank Name _____ Branch _____
Checking # _____
Savings # _____

Within the last 2 years have you:

Declared Bankruptcy? No _____ Yes _____ Date _____
Been Evicted? No _____ Yes _____ Date _____
NOT fulfilled a lease term? No _____ Yes _____ Date _____
If yes, please give reason: _____

Automobile Information

Make _____ Model _____
Year _____ Plate _____ Color _____

Make _____ Model _____
Year _____ Plate _____ Color _____

Notify in Case of Sickness or Accident

Name _____ Name _____
Address _____ Address _____
Phone _____ Relationship _____ Phone _____ Relationship _____

- If applicant has misstated the number of persons to occupy the unit, or if applicant has made any misstatement of fact or if applicant fails to complete the application. Lessor may cancel the application and/or lease without notice.
- I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION A CREDIT REPORT, RENTAL HISTORY INVESTIGATION AND AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING.
- The above information, to the best of my knowledge, is true and correct.
- ALL PERSONS OVER 21 YEARS OF AGE OCCUPYING UNIT MUST COSIGN LEASE.
- We would like to take this opportunity to inform you: Cherry Hill Real Estate has a NO CASH Policy. All Move-In Monies must be in the form of Cashier's Check or Money Order.
- A deposit is required to secure a unit or for placement on the Priority Waitlist. It will be returned if the application is cancelled within **72** hours of the application date or if the application is denied because the applicant does not meet the CHRE's qualifying criteria. It is **forfeited** if cancellation occurs after **72** hours.

Applicant's Signature _____
Dated: _____