



Spouse's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Monthly Wage or Salary: \$ \_\_\_\_\_

**We require rental and income history for the past two years. If you have lived in or worked at more than two places in the last two years, please provide additional rental or income history information.**

Other Sources of Income and Assets (Optional): \_\_\_\_\_

*(It is not necessary to provide this information if total income outside your wage or salary is less than \$1,000 per year or total assets are less than \$10,000. You are encouraged to provide this information if your individual monthly wage or salary is less than three times the monthly rent.)*

Have you ever been convicted of a crime other than a driving citation?  Yes  No

Have you ever been evicted or asked to move from an apartment?  Yes  No

If you answered "Yes" to either question, please explain: \_\_\_\_\_

Car (Model and Year): \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

Apartment No.

City

State

Zip Code

Relationship: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_

How did you hear about SunSTONE Apartment Homes?  Friend  Resident  Newspaper  Online  Drive By

Other: \_\_\_\_\_

I hereby deposit \$ \_\_\_\_\_ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit will be applied toward payment of my Security Deposit of \$ \_\_\_\_\_ which is due in full prior to my taking possession of the apartment. If Management accepts my application, I agree to execute Management's usual rental agreement on or before the occupancy date set out in this application. If, for any reason, Management decides to decline my application, then Management will refund this good faith deposit to me in full. I understand I may cancel this application by written or oral notice within 3 DAYS or 72 HOURS and receive a full refund of the good faith deposit. **If I cancel after 3 DAYS or 72 HOURS or fail to execute Management's usual rental agreement, or refuse to occupy the premises on the agreed upon date, I understand this deposit will be forfeited. I, the undersigned, hereby acknowledge that I have read, fully understand, and agree to the above terms and conditions.**

Apartment: _____
Start of Lease: _____
Monthly Rent: _____

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Tenant Authorization Form

By signing this form, you agree that: (1) SunSTONE Apartment Homes is authorized to contact credit bureaus, employers, landlords, criminal background screening agencies to obtain additional information and to verify the accuracy of the information provided by you; and (2) all credit bureaus, employers, landlords, and screening agencies are authorized to release all information requested by SunSTONE Apartment Homes in connection with your application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

Date: \_\_\_\_\_