



Rental Application

Please complete this form entirely in ink, noting "N/A" or "none" where applicable. Do not use white out. The information you provide will be verified prior to approval to rent a unit to you in a community professionally managed by Lyon Management Group, Inc (LMGI) d/b/a Lyon Communities™.

APPLICANTS – EACH INDIVIDUAL OVER 18 MUST COMPLETE A SEPARATE APPLICATION

FULL NAME OF APPLICANT (LAST, FIRST, M.I.)	GOVERNMENT ISSUED PHOTO ID / TYPE / #	SOCIAL SECURITY #	DATE OF BIRTH
HOME PHONE	OTHER CONTACT PHONE	E-MAIL ADDRESS	

ADDITIONAL PROPOSED OCCUPANTS:

FULL NAME (LAST, FIRST, M.I.)	DATE OF BIRTH
FULL NAME (LAST, FIRST, M.I.)	DATE OF BIRTH
FULL NAME (LAST, FIRST, M.I.)	DATE OF BIRTH
FULL NAME (LAST, FIRST, M.I.)	DATE OF BIRTH

RESIDENCE HISTORY: Rent Paid on Time? Any Insufficient Funds?	Verified by: Contact:	Date: Title:
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Current Residence:

STREET ADDRESS	CITY	STATE	ZIP CODE
RENT <input type="checkbox"/> OWN <input type="checkbox"/>			
MOVE IN DATE	MOVE OUT DATE	PHONE NUMBER	MONTHLY PAYMENT
Landlord/Mortgage Company			
NAME	PHONE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE

RESIDENCE HISTORY: Rent Paid on Time? Any Insufficient Funds?	Verified by: Contact:	Date: Title:
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Previous Residence:

STREET ADDRESS	CITY	STATE	ZIP CODE
RENT <input type="checkbox"/> OWN <input type="checkbox"/>			
MOVE IN DATE	MOVE OUT DATE	PHONE NUMBER	MONTHLY PAYMENT
Landlord/Mortgage Company			
NAME	PHONE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE

INCOME INFORMATION	Verified by: Contact:	Date: Title:
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If self employed, list name of business, business address including zip code and phone number.

Employment Information (if employed)

NAME	TYPE OF BUSINESS	PHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE
JOB TITLE	SUPERVISOR	DATE OF HIRE
\$	\$	
GROSS MO. INCOME	OTHER INCOME	SOURCE

INCOME INFORMATION	Verified by: Contact:	Date: Title:
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Other Income Information

TYPE OF INCOME	\$
	GROSS MO. AMOUNT

INCOME INFORMATION	Verified by: Contact:	Date: Title:
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Other Income Information

TYPE OF INCOME	\$
	GROSS MO. AMOUNT

AUTOMOBILES

List all vehicles to be parked on premises. Note: Parking of recreational vehicles, boats or trailers not permitted in community.

COLOR	MAKE	MODEL	YEAR	LICENSE NUMBER

PETS

Do you own a pet? Yes No HOW MANY? _____

TYPE	NAME	BREED	WEIGHT

PERSONAL/EMERGENCY CONTACTS (contacts cannot be co-applicants of this rental application)

NAME | DAY PHONE | EVENING PHONE

STREET ADDRESS | CITY | STATE | ZIP CODE

NAME | DAY PHONE | EVENING PHONE

STREET ADDRESS | CITY | STATE | ZIP CODE

HOW DID YOU FIRST LEARN OF THIS COMMUNITY?

- FOR RENT
 APARTMENT GUIDE
 SIGNAGE - STREET: _____
 APARTMENTS.COM
 REFERRED BY - NAME: _____
 APT LOCATOR SERVICE - NAME: _____
 APARTMENTGUIDE.COM
 OTHER: _____
 CRAIGSLIST.COM
 MOVE.COM
 FOR RENT.COM
 RENT.COM

Reason for relocation: _____

Have you had any unlawful detainer (eviction) judgments entered against you within the last seven (7) years, or defaulted (failed to perform) any obligation of a rental agreement or lease?

Yes No If yes, when and describe in detail? _____

Have you ever filed for bankruptcy?

Yes No If yes, when and describe in detail? _____

Have you ever been convicted of a felony?

Yes No If yes, when (include county and state where filed) and describe in detail? _____

I am making this Application voluntarily for the purpose of obtaining Lyon Communities approval to rent a unit in the community shown above. I hereby authorize and consent to allow Lyon Communities, Owner, and their respective employees and agents (collectively the Lessor), to obtain and verify the credit and other information provided by me in this Application through credit reporting agencies, tenant screening service companies, banks (including electronic funds verification), employers and other persons or entities with information relating to this Application. I understand that if I lease this unit, the Lessor shall have a continuing right to review my credit information, payment history, occupancy history and other information in this Application for purposes related to my Lease and/or for account review or improvement of application methods.

I hereby release and hold harmless Lessor, Owner and all of their respective officers, employees and agents, from any and all liability, legal proceedings and costs, including attorneys' fees, arising out of the verification and/or use of the information contained in the Application, including the release of such information to other parties.

Additionally, if I am applying for residency with a co-applicant, I authorize Lessor to release any and all information related to my application for residency (including my application form, my credit reports, and any notice of adverse action related to these items), to my co-applicants.

I warrant that, to the best of my knowledge, all of the information provided in this Application (including but not limited to the statement of my financial condition) is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statements will be grounds for disapproval of my Application or termination of my Lease with Lessor. I agree to notify Lessor if any of the information provided in this Application changes during the Application process or during my residency. I also understand that Lessor will retain this Application, along with any other information provided by me, whether or not this Application is approved.

A non-refundable Application Screening Fee of \$50.00 is required from each Applicant to process this Application and to check the information provided. A separate Application to Rent must be signed and submitted by each Applicant who will occupy the unit before this Application will be considered by Lessor.

Date

Applicant's Signature

OFFICE USE ONLY -- CREDIT RATING	
Applicant Score:	
Additional Deposit Required: \$	Date Adverse Action Letter Sent:
PD/AA Approval:	yes no Date:
Date Applicant Notified:	