

APPLICATION FOR TENANCY

Western Avenue Lofts

Tell Us About Yourself		
First Name	Middle Name	Last Name
Co-Occupant First Name (*please fill out separate app)	Middle Name	Last Name
Daytime Phone Number	Evening Phone Number (if different)	Email Address
Date of Birth	Drivers License Number	State/Expiration Date
Western Avenue Lofts Interest		
How many people will occupy the Loft?	What is your desired move-in date?	Desired Loft #?
How did you hear of us? (check all that apply) <input type="checkbox"/> At Open Studios <input type="checkbox"/> Internet search <input type="checkbox"/> Ad in/on: _____ <input type="checkbox"/> Friends <input type="checkbox"/> News article in _____ <input type="checkbox"/> Other _____		
Applicant must meet Western Avenue Lofts Artist Certification requirements (please see separate form).		
Current and Prior Residence Information		
Current Street Address		Length of Occupancy
City	State/Zip Code	Current Lease End Date
This residence is: <input type="checkbox"/> Rented Apartment <input type="checkbox"/> Own Home <input type="checkbox"/> Live/Work Unit <input type="checkbox"/> Student Housing <input type="checkbox"/> Parent's Home <input type="checkbox"/> Other		
Present Landlord or Mortgage Company	Phone Number	Monthly Rent/Mortgage Amount
Prior Street Address, City, State		
Prior Landlord or Mortgage Company	Phone Number	Length of Occupancy
Pets? (Y/N) Type/Breed:	Weight/Age	Pet Name(s)
Auto Year/Make/Model	Auto Color	License Plate State & Number
Financial Information		
Self Employed	Length of Self-Employment	Annual Income
And/Or Current Employer	Position or Title	Annual Income
Employer's Street Address	City	State/Zip Code
Supervisor's Name	Phone Number	Length of Employment
Former Employer	Position or Title	Annual Income
Supervisor's Name	Phone Number	Length of Employment
Other Sources of Income	Amount	Annual Income
Credit Information		
Authorization for release of information: With my signature below, I hereby authorize Western Avenue Lofts, or its authorized representative, in connection with this application for tenancy, to obtain a consumer report, including, but not limited to, credit records, criminal background checks, and employment references. Social Security Number: _____ - _____ - _____		
Please Complete The Following Information		
Have you or any of your occupants had any charges pending against you or them for any criminal offense?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of your occupants ever been convicted of, pleaded guilty or "Sufficient Evidence" to, any criminal offense?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either question, provide details and dates (use opposite side if necessary):		
Have you or any of your occupants ever been subject to or party to an eviction, judgment, bankruptcy or foreclosure?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either question, provide details and dates (use opposite side if necessary):		
Please Read Carefully and Sign Below		
Correct Information: Applicant hereby represents that all of the above statements are true and complete. Applicant hereby authorizes verification of the above information and releases from all liability all persons and corporations requesting or supplying information. Applicant acknowledges that false, incomplete, or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the law.		
Applicant's Signature	Date Completed	Date Received/Receiver's Initials

For more details on Western Avenue Lofts, see www.WesternAvenueLofts.com

