



PLEASE PROVIDE A COPY OF DRIVERS LICENSE

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CATHCART MANAGEMENT, L.L.C.
AGENT FOR LAKESIDE APARTMENTS
APPLICATION FOR RENTAL

\$35 / \$50 NON-REFUNDABLE APPLICATION FEE

DATE NEEDED

TYPE OF APARTMENT DESIRED 1BR 2 BR 3 BR

Form containing fields for DATE, PROPERTY (LAKESIDE), NAME, OTHER, AUTHORIZED, OCCUPANTS, Agent, Mktng Source, Photo ID provided?, SS#, Age, Relationship, Date of Birth.

LANDLORD/MORTGAGEE VERIFICATION

CURRENT ADDRESS

Form for current address including STREET ADDRESS, CITY,STATE & ZIP, HOW LONG?, Mo. Payment, LANDLORD/MORTGAGE REFERENCE, Phone, E-mail.

PREVIOUS ADDRESS

Form for previous address including STREET ADDRESS, CITY,STATE & ZIP, HOW LONG?, Mo. Payment, LANDLORD/MORTGAGE REFERENCE, Phone, Fax.

EMPLOYMENT/INCOME VERIFICATION

CURRENT EMPLOYER (PLEASE LIST EMPLOYMENT INFORMATION AS OF THE DATE APT IS NEEDED)

Form for current employer including NAME OF EMPLOYER, NAME OF SUPERVISOR, BUSINESS ADDRESS, CITY,STATE & ZIP, HOW LONG?, SALARY, POSITION, Phone, Fax.

PREVIOUS EMPLOYER (IF PRESENT EMPLOYMENT IS LESS THAN 18 MONTHS)

Form for previous employer including NAME OF EMPLOYER, NAME OF SUPERVISOR, BUSINESS ADDRESS, CITY,STATE & ZIP, HOW LONG?, SALARY, POSITION, Phone, Fax.

OTHER INCOME (PLEASE PROVIDE PROOF OF INCOME)

Form for other income including SOURCE, AMOUNT, WK/MO/YR.

CREDIT & BANKING REFERENCES

CREDIT REFERENCES (LIST STORES, CREDIT UNIONS, FINANCE COMPANIES, CREDIT CARDS, DEBTS OWED)

Table with columns: Name, Address, Monthly payment.

Table with columns: BANK REFERENCES, Bank/Branch, City/State, Account #, Phone #.

EMERGENCY CONTACT

Form for emergency contact including NAME, STREET ADDRESS, CITY, STATE & ZIP, Relationship, Phone Number.

IMPORTANT TO APPLICANT

- 1. Market rents may vary and is not guaranteed beyond the date of this Application.
2. The undersigned understands that a non-refundable application fee is hereby accepted.
3. Applicant understands that by submitting this Application and paying any related fees or deposits, that Applicant requests Landlord to remove from its unit availability listing, a specific apartment.
4. All applicants 18 years of age and older who will reside in the leased apartment must complete an application and be approved individually.
5. Applicant authorizes Landlord to respond to authorized requests, either orally or in writing, from third parties from the date of this Application henceforth.

Signature [ ] Date [ ]

Do you have a pet? Y N Breed Weight

WILL YOU NEED A VISUAL RESPONSE SMOKE DETECTOR IN YOUR APARTMENT? Y N

THIS IS AN OPTIONAL QUESTION, HOWEVER, BY LAW WE ARE REQUIRED TO PROVIDE SMOKE DETECTORS TO ALL HEARING IMPAIRED RESIDENTS. YOUR RESPONSE WILL IN NO WAY AFFECT YOUR APPLICATION FOR RENTAL.



**Criminal Background Check Authorization**

My signature below grants Lakeside Apartments the right to conduct a criminal background check on me for any convictions. I understand that management reserves the right to reject my application if I have been convicted of the illegal manufacture or distribution of a controlled substance as defined by federal law; or on the grounds that I pose a clear and present threat of substantial harm to others or the dwelling itself; or on the ground that I, based upon a prior record of criminal convictions involving harm to persons or property, would constitute a clear and present threat to the health or safety of other individuals.

**Please print full name: (required)**

_____ First Name	_____ Middle Name	_____ Last Name
_____ Signature		_____ Date