

COLLEGE PARK APARTMENTS
(509) 925-7275 FAX: (509) 925-2245
E-Mail: info@collegetparkapts.com

NAME : _____ PHONE (H) : _____

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PERMANENT ADDRESS : _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE: _____ DRIVERS LICENSE#: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

(JOB, PARENTAL SUPPORT, FINANCIAL AID, ETC.)

SOURCE OF INCOME : _____ PHONE _____

YOUR MONTHLY INCOME : _____

NAME, AGE, AND RELATIONSHIP OF ADDITIONAL OCCUPANTS:

BANK ACCOUNTS:

NAME	BRANCH	TYPE OF ACCOUNT	CITY/STATE
_____	_____	_____	_____

CREDIT REFERENCES : (credit cards, loans, financial aid, parental support, etc.)

NAME	ADDRESS	BALANCE	PAYMENTS
_____	_____	_____	_____

VEHICLE: MAKE, MODEL, COLOR	YEAR	LICENSE#	STATE
_____	_____	_____	_____

PERSONAL REFERENCE: (parents, past or present landlords, etc.)

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____

WILL YOU OR YOUR ROOMATES SMOKE IN THE APARTMENT? YES NO

HAS YOUR RENTAL LEASE EVER BEEN TERMINATED, NOT RENEWED,
OR HAVE YOU EVER BEEN ASKED TO LEAVE? YES NO WHY? _____

TYPE OF APARTMENT DESIRED? TWO BEDROOM ONE BEDROOM

FURNISHED UNFURNISHED

EXPECTED LENGTH OF RESIDENCE? _____ DESIRED MOVE IN DATE? _____

HOW DID YOU HEAR ABOUT COLLEGE PARK? _____

I understand that I acquire no rights in an apartment until I sign an apartment agreement in the form submitted to me and pay a refundable security deposit of \$200.00 per person (minimum of \$300.00). The tenant agrees that he/she has a twenty-four (24) hour period from time of deposit to decide against accepting the apartment. If tenant decides not to take the apartment he/she shall be refunded the total deposit less any costs incurred by the landlord for processing. After the twenty-four (24) hour period the tenant forfeits the entire deposit if he/she decides not to take the apartment.

SIGNATURE: _____ DATE: _____