

Court Square Center Application

Date: _____

Applicant Information

Name: _____ Date of Birth: _____
Driver's License No.: _____ Social Security No.: _____-_____-_____

Rental History

Present Address: _____
How Long at Present Address: _____ yr _____ mn Home No.: _____
Current Rent Payment: _____ Reason for Moving: _____
Landlord's Name: _____ Phone No.: _____

Prior Address: _____
How Long at Prior Address: _____ yr _____ mn
Rent Payment: _____ Reason for Moving: _____
Landlord's Name: _____ Phone No.: _____

Spouse Information (if applicable)

Name of Spouse: _____ Date of Birth: _____
Driver's License No.: _____ Social Security No.: _____-_____-_____

Applicant Employer

Employer: _____ Phone No.: _____
Position: _____ How Long: _____ yr _____ mn
Supervisor's Name: _____ Annual Income: _____

Prior Employer: _____ Phone No.: _____
Position: _____ How Long: _____ yr _____ mn
Supervisor's Name: _____ Annual Income: _____

Spouse Employer (if applicable)

Employer: _____ Phone No.: _____
Position: _____ How Long: _____ yr _____ mn
Supervisor's Name: _____ Annual Income: _____

Prior Employer: _____ Phone No.: _____
Position: _____ How Long: _____ yr _____ mn
Supervisor's Name: _____ Annual Income: _____

*Anyone over the Age of 18 must submit Separate Application
unless you are married*

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Court Square Center Application

Other Occupants (including Children)

No. of Occupants: Adult _____ Children _____ **Total:** _____

Name: _____ Adult: Child's Age _____

Present Address: _____

Relationship: _____ Home Phone No.: _____

Occupation: _____ School: _____

Name: _____ Adult: Child's Age _____

Present Address: _____

Relationship: _____ Home Phone No.: _____

Occupation: _____ School: _____

Pets Yes No

Name: _____ Name: _____

Type/Breed: _____ Type/Breed: _____

Size: _____ Size: _____

Lease begins on/Lease ends on: _____

Monthly Rent: \$ _____

Security Deposit: \$ _____

Application Fee: \$ _____

Pet Fee: \$ _____

Total Paid : \$ _____

_____ The Holding deposit will be applied towards your Security deposit at the time of lease Commencement. The Deposit becomes non-refundable 3 business days after the deposit is received.

Welcome to Court Square Center

For your records Your Address will be: _____

Your lease Commencement date is schedule for: _____ Term of Lease _____

First Month Prorate: _____

Other Charges: _____

Total: _____

Monthly Rent: _____

Other Charges: _____

Total: _____

I authorize Court Square Center to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal, income history, rental verification, and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this application:

Applicant Signature: _____

Spouse Signature: _____

Manager/Consultant Signature: _____

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