

Blue Star Shore View, LLC

APPLICATION FOR SHORE VIEW APARTMENTS



(Each Occupant 18 years & over must completely fill out a separate application)

Name _____ Maiden Name _____ Sex _____
 Social Security #: _____ - _____ - _____ Birth Date _____ / _____ / _____
 Drivers License or Government Issued Photo ID number _____ State/Country _____
 Are you a US Citizen? ___ Yes ___ No If No, Do you have a valid work visa? ___ Yes ___ No Exp. Date _____
 Email Address: _____ Type _____ Breed _____ Weight _____ Color _____
 Number of Occupants _____ Pets _____
 Work Phone # (_____) _____ - _____ Home Phone# (_____) _____ - _____

Other Occupants:

Name	Birth date (mm/dd/yyyy)	Social Security #	Relationship
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

Must have 2 yrs. Continuous history. Use extra sheets as needed

Employer _____ Supervisor _____
 Phone/Fax # _____ Date Employed _____
 Position _____ Gross Salary/Month _____
 Previous Employer _____ Supervisor _____
 Phone/Fax # _____ Date Employed _____
 Position _____ Gross Salary/Month _____
 Previous Employer _____ Supervisor _____
 Phone/Fax # _____ Date Employed _____
 Position _____ Gross Salary/Month _____

Other Income (Child Support, Alimony, etc.) _____ Income from Assets _____

Emergency Contact _____ Street # _____ City _____
 State _____ Zip _____ Phone # _____ Relationship _____

Closest Relative _____ Street # _____ City _____
 State _____ Zip _____ Phone # _____ Relationship _____

Current Residence _____
 Street _____ Apt# _____ City _____ State _____ Zip _____

Community/Mtg. Co _____ Phone # _____ Fax #: _____
 From _____ to _____ Pmt _____

Why are you leaving your present residence? _____
 Was your Lease/Account in any other name? _____ If yes, what name _____

Previous Residence _____
 Street _____ Apt# _____ City _____ State _____ Zip _____

Community/Mtg. Co _____ Phone # _____ Fax #: _____
 Acct# _____ From _____ to _____ Pmt _____

Previous Residence _____
 Street _____ Apt# _____ City _____ State _____ Zip _____

Vehicle _____
 Year _____ Make _____ Model _____ Registered to _____ Tag # _____ State _____ Color _____

Vehicle _____
 Year _____ Make _____ Model _____ Registered to _____ Tag # _____ State _____ Color _____

Additional Vehicles (Boat, Camper, Van, etc with Tag Numbers) _____

How did you hear about these apartments? _____ What attracted you to these apartments? _____

Have you ever had an eviction filed against you? _____

Has anyone that will be residing in the apartment ever been convicted of a felony? _____

Date Possession Desired _____ Lease Term Desired _____

Agreed Rent Amount _____ Apt Type _____ Apt # _____ Move-in Date _____ Lease Term _____
 Apartment Deposit _____ Application Fee _____ Admin Fee _____ Total Paid _____

To Be Completed by the Office Staff

Applicant represents that all of the above statements are true and complete and hereby authorizes verification of the above information, references and credit records. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or fees charged and may constitute a criminal offense under the laws of this state.

I hereby authorize _____ to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release _____, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

Applicant paid \$ _____ (total amount received) in consideration for Owner's taking the dwelling unit off the market while considering approval of this application. \$ _____ of this amount is a non-refundable fee for costs and expenses for checking applicant's consumer report by all and any means. \$ _____ will be applied toward the required apartment deposit. The non-refundable administrative fee of \$ _____ will be applied upon lease execution. If this application is not approved, this remainder of the \$ _____ (apartment deposit & administrative fee) will be refunded in full to applicant; provided however, should applicant fail through no fault of the owners to complete the lease agreement when tendered, the lower of \$ _____ (apartment deposit) or a proration of rental amount equal to the time this apartment was held will be charged as liquidated damages from _____ (date application is signed and apartment is taken off the market). If lease is entered into and possession of the apartment is taken, the "Apartment Deposit" shall be applied toward the Security Deposit. Applicant understands that any refund (if applicable) will be made within 30 days to allow for processing and clearing of checks. Apartment Deposit monies are deposited within three (3) business days of receipt or at time of approval, which may be the same day as receipt of deposit.

Applicant _____ OWNER, BY ITS REPRESENTATIVE Blue Star, Shore View, LLC.

Date _____ By _____
 As Representative of Blue Star, Shore View, LLC.