

SOUTH CAMPUS GATEWAY APARTMENTS
GUARANTOR RENTAL APPLICATION

Please Answer All Questions

Application Fee: \$25.00

Date of Application _____

Guarantor's Name _____ **Social Security #** _____

Date of Birth _____ **Driver's License #** _____

Telephone # (home/mobile) _____ **(work)** _____

E-mail _____

Check One _____ **Married** _____ **Divorced** _____ **Separated** _____ **Single**

Present Address _____

Check One _____ **Own Home** _____ **Rent** _____ **Other**

Name of Apartment Community or Mortgage Company _____

Telephone # of Apartment Community _____ **Fax #** _____

Employed By _____ **Position/Title** _____

How Long on Job _____ **Income \$** _____ **Hourly/Monthly/Yearly**

Supervisor's Name _____ **Telephone #** _____

Spouse's Name _____ **Social Security #** _____

E-mail _____

Date of Birth _____ **Driver's License #** _____

Employed By _____ **Position/Title** _____

How Long on Job _____ **Income: \$** _____ **Hourly/Monthly/Yearly**

Supervisor's Name _____ **Telephone #** _____

I/WE UNDERSTAND AND AGREE THAT IF THIS OFFER TO LEASE IS ACCEPTED, I/WE WILL EXECUTE A LEASE WITH CAMPUS PARTNERS AND THE FIRST RENTAL PAYMENT WILL BE DUE UPON THE FIRST DAY PRIOR TO OCCUPANCY AND WILL COVER THE PERIOD FROM THE FIRST DAY OF TERM THROUGH THE REMAINDER OF THAT MONTH. THEREAFTER, ALL RENTAL PAYMENTS WILL BE DUE AND PAYABLE IN ADVANCE ON THE FIRST DAY OF EACH MONTH. I/WE HEREBY CONSENT TO ALLOW CAMPUS PARTNERS THROUGH ITS DESIGNATED AGENT AND ITS EMPLOYEES, TO OBTAIN AND VERIFY MY/OUR CREDIT, CRIMINAL AND RELATED INFORMATION FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO LEASE TO ME/US AN APARTMENT. I/WE UNDERSTAND THAT SHOULD I/WE LEASE AN APARTMENT, CAMPUS PARTNERS AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW MY/OUR CREDIT INFORMATION, RENTAL APPLICATION, CRIMINAL INFORMATION, RELATED INFORMATION, PAYMENT HISTORY AND OCCUPANCY HISTORY FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS.

I/WE HEREBY AGREE THAT CAMPUS PARTNERS MAY RETAIN THE APPLICATION FEE AND DEPOSIT IF THIS APPLICATION IS CANCELLED OR WITHDRAWN BEYOND THE FIRST 24 HOURS FOLLOWING SUBMISSION. EACH APPLICANT SHALL BE PROCESSED UNDER THE TERMS OF THE EQUAL HOUSING STATUES AND EACH APPLICANT SHALL BE GIVEN THE RIGHT TO INSPECT, SELECT, AND LEASE HOUSING ACCOMMODATIONS WITHOUT REGARD TO RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, HANDICAP, OR FAMILIAL STATUS.

Applicant Signature _____ **Date** _____

Spouse's Signature Date _____ **Date** _____