

INTERMARK MANAGEMENT CORPORATION

RENTAL APPLICATION

Date: \_\_\_\_\_
Name: \_\_\_\_\_
Last First MI
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
Soc Sec # \_\_\_\_\_ Date of Birth \_\_\_\_\_
Current Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
How long? \_\_\_\_\_ Years \_\_\_\_\_ Months  Rent  Own
Amount of Monthly Payment \$ \_\_\_\_\_
Apartment or Landlord's Name \_\_\_\_\_
Mortgage Company \_\_\_\_\_
Reason for Leaving \_\_\_\_\_
Email address \_\_\_\_\_

FOR OFFICE USE:
Atlantic Palms Apartments
Apt # \_\_\_\_\_ Apt Style \_\_\_\_\_ Rent \$ \_\_\_\_\_
Move-in Date \_\_\_\_\_ Lease Term \_\_\_\_\_
Application Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_
Deposit/Refurb Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_
Application (Sections A, B & C): manager initials
\_\_\_\_\_ approved \_\_\_\_\_ denied \_\_\_\_\_ (date)

COMPLETE IF AT CURRENT ADDRESS LESS THAN TWO (2) YEARS

Previous Address \_\_\_\_\_
Street City State Zip
How long? \_\_\_\_\_ Years \_\_\_\_\_ Months  Rent  Own Amount of Monthly Payment \$ \_\_\_\_\_
Apartment or Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_
Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_
Reason for Leaving \_\_\_\_\_

SPOUSE INFORMATION

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Date of Birth \_\_\_\_\_
Last First MI
Current Address \_\_\_\_\_
Street City State Zip
How long? \_\_\_\_\_ Years \_\_\_\_\_ Months  Rent  Own Amount of Monthly Payment \$ \_\_\_\_\_
Apartment or Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_
Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_
Reason for Leaving \_\_\_\_\_
Email address \_\_\_\_\_ Phone \_\_\_\_\_

COMPLETE IF AT CURRENT ADDRESS LESS THAN TWO (2) YEARS

Previous Address \_\_\_\_\_
Street City State Zip
How long? \_\_\_\_\_ Years \_\_\_\_\_ Months  Rent  Own Amount of Monthly Payment \$ \_\_\_\_\_
Apartment or Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_
Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_
Reason for Leaving \_\_\_\_\_

EMPLOYMENT

Present Employer \_\_\_\_\_ Position \_\_\_\_\_
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
Name of Supervisor \_\_\_\_\_ Current Salary \_\_\_\_\_
How Long \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_
Spouse Employer \_\_\_\_\_ Position \_\_\_\_\_
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
Name of Supervisor \_\_\_\_\_ Current Salary \_\_\_\_\_
How Long \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

MILITARY

Military Branch \_\_\_\_\_ Rank/Ships Name \_\_\_\_\_
Telephone # \_\_\_\_\_ Enlistment Length \_\_\_\_\_

EMERGENCY INFORMATION

In case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

OCCUPANTS

Pets  YES  NO Description \_\_\_\_\_ Pounds and Inches \_\_\_\_\_
Name of all who will occupy rental unit:
1. \_\_\_\_\_ Relationship/Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. \_\_\_\_\_ Relationship/Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. \_\_\_\_\_ Relationship/Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
4. \_\_\_\_\_ Relationship/Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. \_\_\_\_\_ Relationship/Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
6. \_\_\_\_\_ Relationship/Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

AUTOMOBILE

1st Car \_\_\_\_\_
Make/Model Year Color License tag State
2nd Car \_\_\_\_\_
Make/Model Year Color License tag State
Drivers License Number \_\_\_\_\_ State \_\_\_\_\_
Spouse License Number \_\_\_\_\_ State \_\_\_\_\_



# **INTERMARK MANAGEMENT CORPORATION**

**APPLICANT INFORMATION RELEASE FOR:** \_\_\_\_\_

**PROPERTY NAME: ATLANTIC PALMS APARTMENTS**

I hereby authorize the release of the following information:

**Credit and Rental History, Criminal Background, and Employment Status**, to Intermark Management Corporation, the managing agent for the above listed apartment community. Information obtained under this consent is limited for residency application purposes and valid for only ninety (90) days.

I will hold your business, any former employers, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to this verification process.

I have read the foregoing and fully understand the contents thereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date