

FOUNTAIN MANAGEMENT, INC.

There will be a \$40.00 nonrefundable application fee for each applicant. This must be paid in cash at the time of application. We are members of the credit bureau and want to make you aware that your credit, references, and employment will be check by our agent prior to you signing a lease.

Address Desired:	Agent:	Date:
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APPLICANT'S INFORMATION

Applicant's Name: (First, Middle, Last)		Home Phone	
Social Security #:	Date of Birth:	Drivers License # & State Where Issued:	Marital Status:
E-mail Address:		Job Title / Rank / Business Phone:	
Employer (If Military, give complete Commanding Officer's name):		Length of Employment:	
Employer's Address (If Military, give complete Unit Information):		Gross Income:	
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

If length of Employment is less than 6 months, then provide previous Employment History

Previous Employer:	Job Title / Rank:
Previous Employer Address:	Length of Employment:
Business Phone:	Gross Income:
	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

RESIDENCE HISTORY

Present Home Address:	Rental Rate / Month:
City, State, Zip:	Present Landlord Phone #:
Present Landlord & Phone # or Address:	Dates of Occupancy:
Previous Address:	Rental Rate / Month:
City, State, Zip:	Previous Landlord Phone #:
Previous Landlord & Phone # or Address:	Dates of Occupancy:

SPOUSE/CO-APPLICANT INFORMATION

Spouse / Co-Applicant Name:		Home Phone #:	Cell Phone #:
Social Security #:	Date of Birth:	Driver's License # & State Where Issued:	Marital Status:
E-Mail Address:		Job Title / Rank / Business Phone:	
Employer (If Military, give complete Commanding Officer's Name):		Length of Employment:	
Employer's Address (If Military, give complete Unit Information):		Gross Income:	
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

Permitted Occupant / Children's Names: _____ Age: _____ Sex: _____ _____ Age: _____ Sex: _____ _____ Age: _____ Sex: _____	Permitted Occupant / Children's Names: _____ Age: _____ Sex: _____ _____ Age: _____ Sex: _____ _____ Age: _____ Sex: _____
Pets: <input type="checkbox"/> NONE <input type="checkbox"/> YES Type _____ Breed _____ Weight _____ Sex _____ Age _____	
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Declawed	

In case of emergency, list nearest relative to contact (Name, Address, Phone #): _____

I have / will be getting Renter's Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO

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|--|------------------------------|-----------------------------|
| 1. Have you ever been evicted from any tenancy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever willfully and intentionally refused to pay rent when due? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you know of anything that may interrupt income or ability to pay rent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you or your spouse expected to leave this area in the next 12 months? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you applied for, or plan to apply for, base housing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

INITIAL MOVE-IN FUNDS, SECURITY DEPOSIT, PRORATED RENT & PET FEE MUST BE PAID BY CERTIFIED FUNDS OR CASH. PLEASE HAVE CORRECT CHANGE.

I understand upon signing this application I am agreeing to sign a lease if this application is accepted. That my deposit will be refunded only if this application is not accepted. That if Fountain Management, Inc. holds the property off the rental market and I fail to take the unit shown, a daily rental charge will be deducted from the prepaid security deposit. Furthermore, I do authorize and give permission for Fountain Management, Inc. to verify or check any credit/employment information contained in the application. I certify that I am of legal age and that the above information is correct to the best of my knowledge.

Applicant's Signature _____ Date: _____

Co-Applicant's Signature _____ Date: _____

FOR OFFICE USE ONLY: APPLICANT ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN _____
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DEPOSITS / RENTS

Rental Rate: \$ _____	Security Deposit: \$ _____
Application Fee: \$ _____	Prorated Rent: \$ _____
Pet Fee: \$ _____	TOTAL DUE: \$ _____