



APPLICATION REQUIREMENTS

1. Complete & submit application (attached)
2. Submit valid photo ID: license or passport (front/back)
3. Submit photo of credit card (front/back)*
4. Submit school enrollment, internship letter or email

*Credit Card will not be charged - this is to waive \$500 security deposit

*Security deposit covers normal wear & tear

ONCE APPROVED APPLICATION

PAYMENTS TO BE MADE WITHIN 3 BUSINESS DAYS

COSTS TO SECURE A ROOM

- **Application** \$20
- **1st Month's Rent** - TBD (i.e. \$2,900)
- **Recondition** - \$300
- **Bed linens** - \$60 (OPTIONAL)

PAYMENT OPTIONS *details provided on your invoice*

- Monthly payments due on your start date
- If past 5-days, a 5% late fee if payment will be charged

- **CHASE Business** - \$25 bank wire fee
- **Zelle** - complimentary
- **Venmo** - complimentary



ENTRY DATE:

DEPARTURE:

Type: Private, Double, Triple, Quad

APT Size: Standard, Deluxe, Deluxe Pro

Bed-Type: Twin(s), Full, Bunks

RENT: Monthly \$ _____ (Total \$ _____)

Management: \$20

Recondition: \$300

Optional Bed-Linens: \$60 _____ (Y/N)

Security: \$500 (waived with credit card)

TOTAL COST: \$ _____

DATE OF APPLICATION: _____ BUILDING: _____

APPLICANT NAME: _____ DOB: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TEL: _____ MOBILE #: _____

SOCIAL SECURITY#: _____ DRIVERS LIC #: _____

STATUS: STUDENT _____ INTERN _____ EMPLOYED _____

ATTENDING SCHOOL: _____ INTERN AT: _____

EMPLOYED AT: _____

CONTACT #: _____

BANK: _____ BRANCH ADDRESS: _____

ACCOUNT# _____ TYPE: _____

HAVE YOU EVER BEEN SUED FOR NON-PAYMENT OF RENT: YES/NO _____

HAVE YOU EVER BEEN EVICTED: YES/NO _____

HAVE YOU EVER BROKEN YOUR RENTAL AGREEMENT: YES/ NO _____

PLEASE READ CAREFULLY BEFORE SIGNING:



I UNDERSTAND AND AGREE: the landlord will in no entity be bound, nor will possession be given, unless and until a fully executed agreement has been signed by the landlord and has been delivered to the resident, nor is the landlord bound by accepting this application until applicants and his or hers references have met satisfactorily with the landlord.

M.S.R., it's officers, employees, successors, and assigns (herein "Landlord") shall in no event be liable as respects any matter concerning this application or any act of the landlord, or failure to act on part of the landlord in connection with this application, or in connection with any agreement(s) contemplated herein. No representation of agreements by agents, brokers, or others binding upon landlord or on any agent unless included in writing with the agreement contemplated herein.

I HEREBY WARRANT THAT ALL MY REPRESENTATIONS SET FORTH ABOVE ARE TRUE.

I further represent that I am not renting a room or apartment under any other name, nor have I ever been disposed from any apartment, nor am I currently subject to eviction proceeding in court.

I also affirm that I am over 18 years of age. In addition, I am aware of the \$20 management fee and any and all other fees that I have paid with this application is non-refundable. I am also aware that any rents paid in contemplation of this agreement is non-refundable in the event that I refuse to sign this agreement for housing.

I HEREBY AUTHORIZE VERIFICATION OF THE ABOVE REFERENCED INFORMATION, and its release to the landlord, managing agent or other parties connected with this application. I agree to authorize a credit background check search by social security number. I agree to present the landlord with any other information required in connection with this application.

SIGNED: _____ DATE: _____

CREDIT-CARD ON FILE ONLY



**NO COSTS will be charged - this form is for security deposit (waived \$500)
AND if any damages outside of normal wear and tear = you will be notified**

Full Name _____
Billing Address _____
City, State, Zip _____
Phone # _____
Email _____

Total \$ to Charge: \$0

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize 850W / 465 CPW to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for **one-time use only**. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.