



MALLARD LAKE APARTMENTS  
Live Smart at Mallard Lake!

# APPLICATION FOR CORPORATIONS

**PLEASE COMPLETE EVERY QUESTION**

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Move-In Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address Applying for \_\_\_\_\_ Leasing Agent \_\_\_\_\_

**COMPANY INFORMATION**

LEGAL NAME OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ COMPANY WEBSITE \_\_\_\_\_  
LOCAL BRANCH OR CORPORATE OFFICE? \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_  
DATE OF INCORPORATION \_\_\_\_\_ STATE OF INCORPORATION \_\_\_\_\_  
TAX ID# \_\_\_\_\_ D&B RATING \_\_\_\_\_ DUNS # \_\_\_\_\_  
ADMINISTRATIVE CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

**LEGAL STATUS:**

\_\_\_\_ Corporation: Name / Address of Three Officers  
\_\_\_\_ Partnership: Name / Address / Social Security Number of All Partners\*  
\_\_\_\_ Proprietorship: Name / Address / Social Security Number of All Owners\*  
\_\_\_\_ Other: Please Specify \_\_\_\_\_

\*Only owners/partners holding 50% or more of company

|                   |          |          |          |
|-------------------|----------|----------|----------|
| Name              | 1. _____ | 2. _____ | 3. _____ |
| Title             | 1. _____ | 2. _____ | 3. _____ |
| Address           | 1. _____ | 2. _____ | 3. _____ |
| City, State, Zip  | 1. _____ | 2. _____ | 3. _____ |
| Social Security # | 1. _____ | 2. _____ | 3. _____ |

SS# will allow a Personal Credit Report to be ordered

**LIST THREE (3) BANK REFERENCES:**

1. \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

2. \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

3. \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

**LIST THREE (3) TRADE REFERENCES:**

1. \_\_\_\_\_  
Name of Business \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name of Business \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
Name of Business \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MALLARD LAKE APARTMENTS  
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FOR OFFICE USE ONLY...  
\$20.00 Occupancy Fee Paid  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**OCCUPANT INFORMATION**

LIST ALL PEOPLE TO RESIDE IN THE UNIT:

1. FULL NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ GENERATION \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ (Optional)  
DAYTIME PHONE \_\_\_\_\_ RELATIONSHIP TO COMPANY \_\_\_\_\_  
LENGTH OF STAY: \_\_\_\_ Full Lease Term \_\_\_\_ Partial Lease Term: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

2. FULL NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ GENERATION \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ (Optional)  
DAYTIME PHONE \_\_\_\_\_ RELATIONSHIP TO COMPANY \_\_\_\_\_  
LENGTH OF STAY: \_\_\_\_ Full Lease Term \_\_\_\_ Partial Lease Term: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

3. FULL NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ GENERATION \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ (Optional)  
DAYTIME PHONE \_\_\_\_\_ RELATIONSHIP TO COMPANY \_\_\_\_\_  
LENGTH OF STAY: \_\_\_\_ Full Lease Term \_\_\_\_ Partial Lease Term: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

4. FULL NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ GENERATION \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ (Optional)  
DAYTIME PHONE \_\_\_\_\_ RELATIONSHIP TO COMPANY \_\_\_\_\_  
LENGTH OF STAY: \_\_\_\_ Full Lease Term \_\_\_\_ Partial Lease Term: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Will the occupants be changing during the lease term? YES \_\_\_\_ NO \_\_\_\_

\*The company understands that any changes in occupancy during the course of the lease term must be reported to Mallard Lake Apartments, and all new occupants must submit an Authorized Occupancy Application for a fee of \$20.00.

Will the occupant have...

A waterbed? YES \_\_\_\_ NO \_\_\_\_ A pet? YES \_\_\_\_ NO \_\_\_\_  
A fish tank? YES \_\_\_\_ NO \_\_\_\_ A satellite dish? YES \_\_\_\_ NO \_\_\_\_

**The company understands that any apartment rented on their behalf will have a security deposit equal to one months rent.**

The civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The Federal Agency, which administers compliance with this law, is the U.S. Department of Housing and Urban Development.

The undersigned applicant and/ or co-signer represents that all of the above statements are true and correct and hereby authorizes verification of the above information. If such information proves to be false or misleading, owner shall have the right to deny this application. The undersigned applicant and/ or co-signer hereby consents to allow Mallard Lake Apartments ("Owner"), itself or through its designated agents or employees, to obtain a consumer report and criminal record and to obtain and verify credit and employment information for the purpose of determining whether to lease an apartment to me. The undersigned applicant or co-signer agrees and understands that Owner and its agents and employees may obtain additional consumer reports and criminal record in the future to update or review my account. Upon my request, Owner will tell me whether consumer reports or criminal records were requested and the names and addresses of any consumer-reporting agency that provided such reports. The undersigned applicant and/ or co- signer understands that the application fee is non-refundable.

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Signature of Owner/Partner/Authorized Officer

\_\_\_\_\_  
Type or Print Name Above

Title \_\_\_\_\_ Date \_\_\_\_\_