



**Sublease Application for Residency**

Tenants Name \_\_\_\_\_ SSN/TAX ID \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Occupants Name \_\_\_\_\_ Telephone \_\_\_\_\_

Personal/Business Ref \_\_\_\_\_ Telephone \_\_\_\_\_

Personal/Business Ref \_\_\_\_\_ Telephone \_\_\_\_\_

Company/ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Facsimile \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about Signature Suites? \_\_\_\_\_

Type of Payment Visa \_\_\_ MC \_\_\_ Discover \_\_\_ AMEX \_\_\_

Direct Bill Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ Sec. # \_\_\_\_\_

Billing Address and Zip Code \_\_\_\_\_

\_\_\_\_\_

I hereby authorize Signature Suites to charge the rental amount and application fee owed to the above credit card. I am also providing my credit card as a guarantee. I agree to pay all charges and accept liability for any damage beyond normal wear and tear during my lease with Signature Suites. If I fail to do so, I understand that these costs as well as any finance charges and/or collection expenses will be charged to my credit card.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes verification of above information references and credit record, and applicant releases from all liability or responsibility all persons and corporation requesting of supplying such information. Applicant acknowledges that false information herein may constitute ground for rejection of this application, termination of right of occupancy. Once the application is signed and submitted to Signature Suites a cancellation by occupant subsequent to the execution of this agreement, occupant shall be responsible for a sixty percent (60%) cancellation fee and all costs and expenses incurred by Signature Suites Inc. as a result of the cancellation. All cancellations must be received in writing 48 hours prior to move in. If a cancellation is not received 48 hours prior to move-in, occupant shall be responsible for a cancellation fee of seventy-five percent (75%) of the length of the agreement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Move in date: Vacate Date \_\_\_\_\_ Admin Fee **\$150.00** Daily Rate: \$ \_\_\_\_\_ per day

Pet(s) \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Pet Fee(s) \$ \_\_\_\_\_

Non-Smoker \_\_\_\_\_ Smoker \_\_\_\_\_ ( in the event Tenant is a smoker and odor is present at move out there will be an automatic charge of \$500.00 for restoring the unit to rentable condition)

Assigned address \_\_\_\_\_ File # \_\_\_\_\_



**Tenant/Occupant CRIMINAL HISTORY RELEASE FORM**

It is the policy of the Signature Suites where your Corporate Apartment is located, that all residents submit to a background check. Please complete the following and sign the release below. Thank you.



Corporate Company: \_\_\_\_\_

Name(s): \_\_\_\_\_

Permanent Address (last residency): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address (if less than 2 years): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I give my permission for Signature Suites to seek a copy of my criminal record from the agency of their choosing. I release Signature Suites and all individuals connected therewith, from all liability connected with obtaining such report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_