

NON-RESIDENTIAL PARKING APPLICATION

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN #	
BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL	
CURRENT LOCAL ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
PERMANENT HOME ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
EMERGENCY CONTACT				
NAME			PHONE	

Please Select a Lease Term: **please sign next to the term you wish to select:		
Academic Term: 8/15/2021 - 5/31/2022	\$96 per installment	Please sign to accept this term
Calendar Term: 8/15/2021 - 7/31/2022	\$80 per installment	Please sign to accept this term

Vehicle Information:					
MAKE:	MODEL:	YEAR:	COLOR:	PLATE NUMBER:	PLATE STATE:

CANCELLATION: Should the tenant wish to cancel this lease agreement the following conditions must be understood in order to process cancellation with Landlord. If tenant wishes to cancel lease prior to the release of parking passes, tenant agrees to pay in full one additional installment payment and this agreement will be immediately canceled. If the tenant has received passes from the landlord for use of the deck, two installment payments must be paid and all passes surrendered at the time of payment. Cancellations must be made in writing and no later than **10 days prior to the beginning of a new month.**

I, the Undersigned Applicant, have read and agree to all provisions of this application. I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS A PART OF MY LEASE AGREEMENT ESPECIALLY THOSE AREAS REGARDING DEPOSITS AND FEES. I HEREBY AUTHORIZE THE MANAGEMENT TO MAKE ANY NECESSARY INVESTIGATION AS TO THE INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT NOT BE LIMITED TO, A CREDIT REPORT, VERIFICATION OF EMPLOYMENT, PAST RENTAL HISTORY, AND POLICE RECORDS. I, THEREFORE, CONSENT TO THIS INVESTIGATION, AND I CERTIFY THAT ALL STATED FACTS ARE TRUE, AND IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION MAY BE CAUSE FOR THE MANAGEMENT AND/OR OWNERS TO REJECT THIS APPLICATION AND/OR TERMINATE MY LEASE. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THIS REPORT. I AUTHORIZE THE MANAGEMENT TO EXAMINE MY CRIMINAL RECORDS AND USE THE INFORMATION AS AN ADDITIONAL BASIS TO DETERMINE WHETHER THIS APPLICATION SHALL BE APPROVED OR DISAPPROVED.

Applicant represents that all of the above information is true and complete and authorizes the verification of same by reasonable means including check applicants credit, employment, and rental history and to answer questions pertaining to applicant's credit experience with Valentine Commons Parking Spaces.

(Resident) Date (Owner/Agent) Date