

RENTAL APPLICATION Equal Housing Opportunity

| The undersigned hereby makes an ap | plication to rent t | he following prope | erty: |
|---|---------------------|---|----------|
| Anticipated move date of | at a m | onthly rent of \$ | |
| and security deposit of \$ | | , | |
| PLEASE TELL US ABOUT YOURSE | | | |
| | | none | |
| Full NameSocial | al Security # | | |
| Email Address: | • | (op | otional) |
| Other Phone | | | , |
| Co-Applicant Name | | | |
| Names of Dependents | | | |
| Co-Applicant Date of Birth | So | cial Security # | |
| Dependents Date of Birth | | | |
| Pets | | | |
| PLEASE GIVE RESIDENTIAL HISTO | RY (LAST 3 YE | ARS) | |
| Current Address | | | Apt# |
| City | State Zip |) | |
| Month/Year Moved In | Reasons fo | or Leaving | |
| Rent \$ | | - | |
| Owner/Agent | | | |
| Phone | | | |
| Previous Address (last 3 years) | | | |
| Rent \$ | | | |
| Owner/Agent | Pho | one | |
| List all additional Adults and Children | who will occupy u | ınit | |
| If this box is checked there shall be | no additional oc | cupant(s). | |
| Name | | | |
| Name | | | |
| Name | Age | _Relationship | |
| Name | Age | _Relationship | |
| PLEASE DESCRIBE YOUR CREDIT | HISTORY | | |
| Have you declared bankruptcy in the pyears? | | | No |
| Have you ever been evicted from a rental residence? Have you had two or more late rental payments in the | | Yes | No |
| | | | |
| past year? | , , | Yes | No |
| Have you ever been convicted of a crime? Have you ever willfully or intentionally refused to pay rent when due? | | Yes | No |
| | | Yes | No |



| PLEASE PR | OVIDE YOUR | EMPLOYMENT | INFORMATIO | N |
|--------------|------------------|--------------------|----------------|---|
| | | | | Unemployed |
| Employer | | | | |
| | | | | |
| Position | | | | |
| Supervisor N | lame | | | |
| Phone: | | | | |
| Salary \$ | | per | (If e | employed by above less than 12 |
| months, give | name & phone | of previous emp | oloyer or scho | ol: |
| | | | | |
| | | | | to consider, please list income, source |
| | | | | or confirmation. You do not have to |
| | iy, child suppoi | t, or spouse's ar | inuai income t | unless you want us to consider it in this |
| application. | | | | |
| Amount \$ | | Source/Co | ontact | |
| | | | | |
| | | | | |
| PLEASE PR | OVIDE CO-AP | PLICANTS EMP | LOYMENT IN | FORMATION |
| Status: | Full Time | Part Time | Student | Unemployed |
| Employer | | | | |
| Dates emplo | yed | | | |
| Position | | | | |
| Supervisor N | lame | | | |
| Phone: | | | _ | |
| Salary \$ | | per | (If e | employed by above less than 12 |
| months, give | name & phone | e of previous emp | oloyer or scho | ol: |
| | | | |) |
| | | | | to consider, please list income, source |
| | | | | or confirmation. You do not have to |
| | ny, child suppo | rt, or spouse's ar | ınual income ι | inless you want us to consider it in this |
| application. | | | | |
| Amount \$ | | Source/Co | ontact | |
| | | | | |
| | | | | |



| PLEASE LIST YOUR I | REFERENCES | | | | | |
|-------------------------|---|--|--|--|--|--|
| Banking Accounts: | | | | | | |
| Name | Type of Account | | | | | |
| Account Number | | | | | | |
| Name | Type of Account | | | | | |
| Account Number | | | | | | |
| Personal Reference o | r Emergency Contact: | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| Phone | Relationship | | | | | |
| Driver's License: | | | | | | |
| Your Driver's License N | Number State | | | | | |
| Validate Information | | | | | | |
| Vehicle Information: | V DI | | | | | |
| | YearLicense Plate | | | | | |
| State | | | | | | |
| ADDITIONAL INFORM | IATION: | | | | | |
| | | | | | | |
| application? | onal information that might help owner/management evaluate this | | | | | |
| | | | | | | |
| | | | | | | |
| Where may we reach y | ou to discuss this application? | | | | | |
| Day Phone # | | | | | | |
| N' L DI " | | | | | | |
| Night Phone # | | | | | | |
| | | | | | | |

3



Name (please print)

Name (please print)

Co-Applicant Signature

Signature

| above set forth and agree that the rental is to be payable | the first day of each month in advance. | | | | |
|--|---|--|--|--|--|
| As an inducement to the owner of the property and to the | | | | | |
| warrant that all statements above set forth are true; howe be a misrepresentation or not a true statement of facts, a | | | | | |
| the agent's cost, time, and effort in processing my applic | · | | | | |
| I hereby deposit \$ as earnest money to be accepted in 3 business banking days. Upon acceptance, | | | | | |
| the security deposit. When so approved and accepted, I | • | | | | |
| months before possession is given and to prior to the move in date. If the application is not approve deposit will be refunded, the application hereby waiving acceptance which the owner or agent may reject. I recog | ed or accepted by the owner or agent, the any claim for damages by reason of non- | | | | |
| processing my application, and investigative consumer reinformation is obtained through personal interviews with This inquiry includes information as to my character, ger | eport may be prepared whereby others with whom I may be acquainted. | | | | |
| and mode of living. | eral reputation, personal characteristics | | | | |
| The above information, to the best of my knowledge, is truthe non-refundable \$100 application fee. | e and correct. I addition, I acknowledge | | | | |
| Please sign: | | | | | |
| Name of Applicant | Date | | | | |
| X | | | | | |
| Name of Co-Applicant | Date | | | | |
| | | | | | |
| AUTHORIZATION Release of Information | | | | | |
| | | | | | |
| I authorize an investigation of my credit, criminal records | , public recrods, tenant history, banking and | | | | |

employment for the purposes of renting a house, apartment, or condominium from this owner/manager.

Date

Date





APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

| Deposit of \$ | Received by |
|---------------|-------------|
| | |
| Date | |
| | |
| OFFICE NOTES: | |

INQUIRY RELEASE FOR RESIDENCY CONSIDERATION

In consideration for potential residency and/or residency at Management will make or will cause ZipReports on its behalf to make inquiries, including, but not limited to, your consumer credit history, criminal history, rental history, employment, salary, public records, and other qualities and history pertinent to your qualifications for residency, including reasons for termination of past residency contracts. In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an adverse action, such as denial of your application, is taken because of information obtained from a credit, criminal or other consumer report. If such an event occurs, Property Management will provide you with information on how to correct any inaccuracies that may appear on your consumer report. Please complete and sign below to authorize, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Property Management or its agent to furnish any or all of the above-listed information. Your authorization releases Property Management and its agent from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges from all liability all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to us the abovementioned information as requested, in order to successfully complete a background investigation. Your signature(s) allow(s) a photocopy or fax copy of this authorization to be as valid as the original. Applicant's full name: Applicant's signature: Date: Applicant's social security number: Date of birth: Current address: Former address: Proposed Rent: Spouse's full name: Date: Spouse's signature: Spouse's social security number: Date of birth:

Income:

Income:

Proposed Rent: