

CREDITORS EXCHANGE APPLICATION FOR OCCUPANCY

Please fill out completely. Failure to complete in full, including daytime phone numbers, will seriously delay processing of this application.



(PLEASE PRINT)

Desired date of occupancy _____ Date _____ 20____

Name _____
Last First Middle Initial

Check One: Married Divorced _____ Separated _____ Single
(How Long) (How Long)

Date of Birth _____ Social Security No. _____

Spouse's Name _____
(Show former spouse if divorced or separated) Maiden name if married less than 5 years: _____

Date of Birth _____ Social Security No. _____

No. of people who will occupy: Adults (over age 18) _____ Children (thru age 18) _____

Ages of children who will occupy: _____

Description of Pets _____

In case of emergency, notify: _____
Name Address Phone

Part I -- RESIDENCE HISTORY -- Last Three Years

A. Present Address _____ Phone _____ To mo. _____ yr. _____
Please include CITY, STATE, ZIP and Apartment number if applicable Please include AREA CODE

Present Landlord _____ Phone _____
Name -- Address (Show mortgage company if buying) Please include AREA CODE

B. Previous Address _____ Phone _____ To mo. _____ yr. _____
Please include CITY, STATE, ZIP and Apartment number if applicable Please include AREA CODE

Previous Landlord _____ Phone _____
Name -- Address (Show mortgage company if buying) Please include AREA CODE

C. Previous Address _____ Phone _____ To mo. _____ yr. _____
Please include CITY, STATE, ZIP and Apartment number if applicable

Previous Landlord _____ Phone _____
Name -- Address (Show mortgage company if buying) Please include AREA CODE

Part II -- EMPLOYMENT & BANK REFERENCES

A. Employed by _____ Phone _____ To mo. _____ yr. _____
Address Dept. or Position Approx. Mo. Take Home Pay

B. Prior Employment _____ Phone _____ To mo. _____ yr. _____
Address Dept. or Position Approx. Mo. Take Home Pay

C. Spouse's Employment _____ Phone _____ To mo. _____ yr. _____
Address Dept. or Position Approx. Mo. Take Home Pay

D. Bank Reference _____ Phone _____ How Long _____
Address Account No.

E. Other Income _____
(Indicate checking or savings)

Part III -- CREDIT & CHARACTER REFERENCES

CREDIT REFERENCES:

1. _____ Acct. # _____ Phone _____

2. _____ Acct. # _____ Phone _____

3. _____ Acct. # _____ Phone _____

CHARACTER REFERENCES:

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

NUMBER OF CARS (Incl. Co. Cars) _____ Driver's Lic. No. _____ State _____

Make _____ Color _____ Year _____ License _____ Financed by _____

Make _____ Color _____ Year _____ License _____ Financed by _____

This application must be signed by all adults who will occupy the apartment before it can be considered by Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If applicant withdraws the application, a fee of \$ _____ will be retained by Landlord if approved and the rental unit is held for applicant for more than _____ day(s). If applicant withdraws the application, all monies deposited shall be forfeited to Landlord. A processing charge of \$ _____ may be retained by the Landlord.

Refer - Investigation Fee Required \$ _____
 Security Deposit Required \$ _____
 Pet Deposit Required \$ _____
 Total Deposit Required \$ _____
 Amount Paid \$ _____
 Deposit Still Due \$ _____

By signing, the applicant recognizes that the landlord or his agent may investigate all information shown on this application as well as obtaining information from public records regarding civil and criminal matters, and full disclosure of pertinent facts may be made to the landlord.

Signature _____
 APPLICANT

Signature _____
 APPLICANT'S SPOUSE

APARTMENT INFORMATION (MUST BE COMPLETED BY OWNER)

APPROVED DISAPPROVED

ADDRESS APT RENTED		APT NO.	CITY	OCCUPANTS	ADULTS	PETS
			STATE	CHILDREN	AGES	<input type="checkbox"/> YES <input type="checkbox"/> NO
LENGTH OF LEASE MONTHS	NOTICE REQUIRED DAYS	APT SIZE	CHECK DEP.	MOVE IN DATE	MO RENT	RENT INCLUDES
		<input type="checkbox"/> 1 Bed <input type="checkbox"/> 2 Beds <input type="checkbox"/> 3 Beds	<input type="checkbox"/> House <input type="checkbox"/> Condo			<input type="checkbox"/> elec <input type="checkbox"/> Other