

## BACKGROUND SCREENING QUESTIONNAIRE

\*\*\*\*\*Office Use Only\*\*\*\*\*

Check Photo ID    Screening Chg.   Paid. Amt? \_\_\_\_\_   Rent Quote \_\_\_\_\_   Security Deposit \_\_\_\_\_   Unit \_\_\_\_\_   Other \_\_\_\_\_

<b>Applicant Information</b>				E-Mail Address: _____		
Last Name	First Name	Middle Initial	Home Phone	Work Phone	Cell Phone	

<b>Rental History</b>						
Current Street Address		City	State	Zip	Date In	Date Out
Current Landlord Name	Landlord Phone ( )	Landlord Fax ( )	Monthly Rent	Reason for Moving		

<b>Household Information.</b> List all persons who wish to reside in your unit, including you.						
Last Name	First Name	Middle Initial	Social Security #	Driver's License #	Birthdate	Full or Part-time Student? Yes or No.

**1. Change in Household Composition.** Do you expect a change in your household composition within the next six months?  Yes  No  
 Explain, if you answered yes: \_\_\_\_\_

**2. Handicap Accessibility.** Do you need or request an apartment unit specifically designated as handicap accessible or that has features designed to benefit someone with a handicap or disability?  Yes  No Please identify any special housing needs your household has (example - downstairs unit).

<b>Sources of Income.</b> This includes, but is not limited to, full and part-time employment, self-employment, Social Security or SSI, child support or alimony, public assistance such as TANF, GAU, FIP, ADATSA, unemployment benefits, Labor & Industries, disability benefits, military pay & benefits, pension, annuity, retirement fund, insurance policy payments, death benefits, Veteran's benefits, regular money received from family, church, friends.				
Name	Occupation	Monthly Earnings	Start Date	Phone Number
Employer/Company Name	Street Address	City	State	Fax Number
Family Member Name	Source of Other Income	Address of Agency/Person Providing Income	City, State, Zip	Monthly Income
Family Member Name	Source of Other Income	Address of Agency/Person Providing Income	City, State, Zip	Monthly Income
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<b>Emergency Contact Persons.</b> Please provide name of nearest living relative or friend we can contact in the event of an emergency.				
Emergency Contact Name	Address	City	State	Phone Number
Emergency Contact Name	Address	City	State	Phone Number

**Background Questions.** Please provide brief details if answering "yes" to any of the questions below.

- 1. Have you ever been evicted or asked to leave a rental unit?  Yes  No
- 2. Have you ever left a rental unit while owing money?  Yes  No
- 3. Have you or any person who will be occupying the rental unit ever been convicted, pled guilty or no-contest to a felony or misdemeanor? (If yes, please provide type of offense, county, and State.)  Yes  No \_\_\_\_\_
- 4. Do you currently use, possess, manufacture, sell or distribute illegal controlled substances?  Yes  No
- 5. Where did you hear about this apartment complex? \_\_\_\_\_
- 6. Do you intend to have any pets at this residence?  Yes  No If yes, what kind? \_\_\_\_\_
- 7. Do you intend to use a water bed or any other water-filled furniture (including aquariums) at this residence?  Yes  No

**Authorization to Verify Information.**

The undersigned authorizes HNN Associates, LLC or any screening service acting on their behalf to contact my present and previous landlords, my credit references and employers and any credit reporting agency. It is understood and agreed that the sum paid at the time of application will be used as follows: a screening charge will be retained by the landlord as payment for the cost of background screening; Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, landlord may obtain an investigative consumer report which may include information regarding your character, general reputation, personal characteristics and mode of living. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the criteria for residency or from the manager. You may request a copy of this application, which shall be the receipt for the screening charge. If this application is approved, you will have 72 hours from the time of notification to return to execute a rental agreement and to pay initial move-in charges. Failure to do so within 72 hours will be deemed as a refusal of the unit and the next application for the unit will be processed. Landlord shall have no liability to you until such time as a rental agreement is signed by both parties. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this will be grounds for termination of tenancy. I acknowledge receipt of a copy of the criteria for residency. The information contained in this application is true and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

