

APPLICATION**(To be completed by each ADULT APPLICANT)**

Verified Drivers License or State I.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	FULL REPORT <input type="checkbox"/>	CREDIT PLUS <input type="checkbox"/>	FASTFACTS <input type="checkbox"/>
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Management Company	Complex Name	Contact	Telephone
Move In Date	Unit #	Monthly Rent \$	Lease
			Referred by

APPLICANT INFORMATION

APPLICANT Last Name	First	Middle	D.O.B.	Social Security #	Driver's License #
ROOMMATE(S) NAME(S)					

CURRENT RESIDENCE

CURRENT Address	Apt.#	City	State	Zip	Rent ()	Move in date:	Monthly Rent \$	Telephone
					Own ()	Move-out date:		
LANDLORD/Mortgage Co. Name			City	State	Landlord Day Phone		Landlord Evening Phone	
Zip								
Reason for Vacating:				List any Roommates you have:				
HAVE YOU GIVEN LEGAL NOTICE AT YOUR CURRENT RESIDENCE? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PREVIOUS RESIDENCE

PREVIOUS Address	Apt.#	City	State	Zip	Rent ()	Move in date:	Monthly Rent \$	Telephone
					Own ()	Move-out date:		
LANDLORD/Mortgage Co. Name			City	State	Landlord Day Phone		Landlord Evening Phone	
Zip								
Reason for Vacating:				List any Roommates you have:				

EMPLOYMENT

APPLICANT CURRENT EMPLOYER	Position	Telephone	Supervisor's Name	Salary/Month	Date of Hire: Mo. Yr
Additional Sources of Income Per Month (list any income to be included for qualifications):					
\$		Month from:		Phone:	

ADDITIONAL INFORMATION

Applicant Bank Name	Branch	Telephone	Checking Account #	Saving Account #
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List all Vehicles to be parked on site:						OTHER OCCUPANTS			
Make	Model	Year	Color	License	State	Occupant Name		D.O.B.	
						Occupant Name		D.O.B.	
List other vehicles to be parked on site:									
Have you or any person who will occupy the unit ever been convicted, plead guilty or no-contest to any felony or misdemeanor? No <input type="checkbox"/> Yes <input type="checkbox"/> Describe Offense: _____ When: _____						Have you ever been evicted? No <input type="checkbox"/> Yes <input type="checkbox"/>			
EMERGENCY CONTACT		Relationship		Address		Telephone			
APPLICANT SCREENING CHARGE \$ 35.00									

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquires you feel necessary to evaluate my tenancy and credit standing. 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 is grounds for termination of tenancy. Owner/Agent has charged a screening charge as set forth above. Applicant screening entails the checking of information provided to the owner/agent by the screening service or credit reporting agency. Applicant's copy of this signed application shall be the receipt for the screening charge. The screening service is _____. If the applicant is approved, applicants will have 24 Hours from the forfeiture of the deposit if applicants fail to execute the rental agreement. If Applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed Owner/Agent shall have no liability to applicant until such time as a rental agreements' signed by both parties. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete.

Signed: _____ Applicant: _____ Date: _____