

RENTAL APPLICATION FOR RESIDENTS AND OCCUPANTS

(Each co-resident and each occupant over age 18 must submit separate application)

Date _____

(when form is filled out)

This form has been prepared by the A.A.I. and is intended for use by its members only.

This information is sought to assure the most responsible residents and occupants possible and to assist the management in case of emergencies. Your cooperation is appreciated.

| | | | |
|-----|---|--|--|
| 1. | Full name of applicant/occupant | Present home phone | |
| 2. | Height | Weight | Date of birth |
| 3. | Social Security # | Driver's license # (or ID# if no driver's license) | State |
| 4. | Marital status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> | | |
| 5. | Street address where you are presently residing | | City State Zip |
| | Apartment name where you are presently residing | Apt. # | Monthly rent Date moved in at present address |
| | Name of above property owner or apartment manager | | Phone |
| 6. | Previous street address | | City State Zip |
| | Apartment name | Apt. # | Monthly rent Dates moved in and out of previous address |
| | Name of above property owner or apartment manager | | |
| 7. | Present employer | Address | City/State |
| | Kind of work | How long | Work phone |
| | Monthly income is over | Supervisor's name | Supervisor's phone |
| 8. | Previous employer (immediately before above) | | Address City/State |
| | Kind of work | How long | Work phone |
| | Monthly income was over | Supervisor's name | Supervisor's phone |
| 9. | Spouse's full name | | |
| 10. | Spouse's height | Weight | |
| 11. | Spouse's Social Security # | Driver's license # (or ID# if no driver's license) | State |
| 12. | Spouse's present employer | Address | City/State |
| | Spouse's kind of work | How long | Work Phone |
| | Spouse's monthly income is over | Supervisor's name | Supervisor's phone |
| 13. | List all children who will be occupying the dwelling unit and not signing the lease. Continue in margin if more than three. | | |
| | Name | Date of birth | Sex Relationship |
| | Name | Date of birth | Sex Relationship |
| | Name | Date of birth | Sex Relationship |
| 14. | List all vehicles to be parked on the premises by applicant, spouse, occupants or children (cars, trucks, RVs, motorcycles, trailers, boats, etc.) Continue in margin if more than two. | | |
| | Type vehicle (example: Ford Mustang, Honda motorcycle, boat/trailer) | Year | License # State |
| | Type vehicle (example: Ford Mustang, Honda motorcycle, boat/trailer) | Year | License # State |
| 15. | Will you or the other occupants have a pet? Kind, weight, breed, age | | |
| 16. | Bank | Street | City State |
| | Active checking account # | Active savings account # | |
| 17. | Retail credit reference (active account only) | City | Account # |
| | Visa/MasterCard/American Express/Discover | Account # | Expiration date |
| | Other credit card | Account # | Expiration date |
| 18. | Why are you leaving your present residence? | | |
| 19. | Have you, your spouse, or any occupant listed in item 13 ever: (A) been evicted or been asked to move out? (B) broken a rental agreement or lease contract? (C) declared bankruptcy? | | |
| 20. | Have you, your spouse, or any occupant listed in item 13 ever: (A) been sued for nonpayment of rent? (B) been sued for damages to rental property? (C) been convicted of a felony? | | |
| | (If you answered yes to 19 or 20, please explain) | | |
| | | | |
| 21. | How were you referred to us? | Just stopped by | Friend (name) Newspaper (name) |
| | Name of rental agency or locator service | Rental agent's name | Other: |
| 22. | In case of emergency, notify: | | Work phone Home phone |
| | Street address | City/State/Zip | Relationship |
| 23. | In the event of serious illness or death or resident, the above person may <input type="checkbox"/> or may not <input type="checkbox"/> enter, remove and/or store all contents found in the dwelling, common areas and mail box. | | |
| 24. | In the event of serious illness or injury, contact the following physician: | | City State Phone |
| 25. | Other information: | | |

PAGE 2 MUST ALSO BE SIGNED IN EVENT OF APPLICATION AGREEMENT

ACKNOWLEDGEMENT BY PERSON(S) SIGNING. The undersigned person(s) represent that all the above statements are true and complete and hereby authorize verification of such information via consumer reports, rental history reports, criminal history reports and other means. Such verifications and/or investigations as are undertaken are solely for the benefit of the owner, and create no right of or duty to resident or any occupant. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

Signature of Applicant or Occupant

Signature of Applicant's Spouse

