

BILLING STATUS 1 APPLICANT 2 APPLICANT ROOMMATE CO-SIGNER CORPORATE N/C Per _____

APPLICATION TO RENT MOVE-IN DATE _____ RENT \$ _____ SIZE _____ LEASE _____ APARTMENT# _____

APPLICANT'S Last Name		F	irst	M	iddle	Birthdate	Driver's License # and State	Soc. Sec. #		
Credit Established Under Any Other Name or Social Security #? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME: _____ S.S.# _____										
Other persons to occupy rental property:	1	FULL NAME	SS#	RELATIONSHIP TO APPLICANT	DOB	4	FULL NAME	SS#	RELATIONSHIP TO APPLICANT	DOB
	2					5				
	3					6				
Do you have a waterbed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have waterbed insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Type and size of Pets: (Keeping of pets requires a deposit and owner's consent)						

PART 1 RESIDENCE HISTORY

APPLICANT'S Present Address	Apt. #	City	State	Zip	How Long? ____ Yrs ____ Mos	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ()	Monthly Payment \$
Name of Present Landlord (Please check one box)	<input type="checkbox"/> Mortgage Co.	<input type="checkbox"/> Apartment Community	<input type="checkbox"/> Other	City	State	Zip	Landlord Day Phone ()	Landlord Night Phone ()

PART 2 PREVIOUS RESIDENCE HISTORY

APPLICANT'S Previous Address	Apt. #	City	State	Zip	How Long? ____ Yrs ____ Mos	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ()	Monthly Payment \$
Name of Previous Landlord (Please check one box)	<input type="checkbox"/> Mortgage Co.	<input type="checkbox"/> Apartment Community	<input type="checkbox"/> Other	City	State	Zip	Landlord Day Phone ()	Landlord Night Phone ()

PART 3 EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor's Name/Co.	How Long? ____ Yrs. ____ Mos.			
Address	City	State	Zip	Phone ()	Position Held/Occupation	Monthly Salary \$
APPLICANT Previous Employer By	Department	Previous Supervisor's Name/Co.	How Long? ____ Yrs. ____ Mos.			
Address	City	State	Zip	Phone ()	Position Held/Occupation	Monthly Salary \$

ADDITIONAL INCOME
Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional income is to be included for qualification hereunder.
Source: Amount of \$ _____ per _____ Source _____

PART 4 CREDIT & LOAN REFERENCES

Auto #1 (year, Make, Model, Color)	License Plate	State	Payment made to	Monthly Payment \$
Auto #2 (year, Make, Model, Color)	License Plate	State	Payment made to	Monthly Payment \$
Loans	Account #	Address	Total Debt \$	Monthly Payment \$
Charge Accounts & Credit	Account #	Address	Total Debt \$	Monthly Payment \$
Other Charge Accounts & Credit	Account #	Address	Total Debt \$	Monthly Payment \$
Bank	Branch	Address	Account #	
Credit Union/Other	Branch	Address	Account #	

PART 5 IMPORTANT INFORMATION **PHONE**

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	(H) _____ (W) _____
Name of APPLICANT'S Other Nearest Relative	Relationship	Address	City	State	Zip	(H) _____ (W) _____
Emergency Contact	Relationship	Address	City	State	Zip	(H) _____ (W) _____
Personal Reference	Relationship	Address	City	State	Zip	(H) _____ (W) _____

Have you ever been or are you now being evicted? Yes _____ No _____ **Have you ever been convicted of a criminal offense?** Yes _____ No _____
Have you ever filed Bankruptcy? Yes _____ No _____ **Month** _____ **Yr.** _____ **County** _____
Any judgements or collections against you? Yes _____ No _____ **Who?** _____ **When?** _____ **How much?** _____

Upon approval of residency and the signing of an apartment rental agreement, my holding fee in the amount of \$ _____ will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said apartment at _____, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for residency is not accepted, holding fee shall be returned to applicant. The application fee of \$ _____ is non-refundable.

In compliance with the State and Federal laws, this is to inform you that an investigation involving the statements made on your rental application for residency at the above mentioned apartment community is being initiated. You have the right to dispute the information reported by _____. All or part of the above information may be made available to other services unless this box () is checked. I/We certify that to the best of my/our knowledge all statements are true and complete. I/We authorize _____ to obtain credit reports, character reports, verification of rental history and employment history as necessary to verify all information put forth in the above referenced application for residency. False, fraudulent or misleading information may be grounds for denial of residency, or subsequent eviction.

How did you hear about us? _____

Signed _____ Date _____
Resident

Signed _____ Title _____ Dated _____
Agent for Owner

I am aware that an incomplete application causes a delay in processing and may result in denial of residency.

Exhibit 5-B

Equal Housing Opportunity