

# APPLICATION TO RENT 9/24/07

Please print clearly - Illegible information may cause delays in processing your application

<b>COMMUNITY RENTAL INFORMATION</b>	Community: _____ Apt #: _____ Rent \$: _____ Date Desired: _____ Apt Size: _____ Specials/Concessions: _____ Housing Voucher \$ _____ <b>This section for Office use only</b> How did applicant hear about our property? _____
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Main Applicant \_\_\_\_\_ Co-Signer \_\_\_\_\_ Other \_\_\_\_\_ List: \_\_\_\_\_  
 If applying with other roommates, that are not existing tenants, please list their names: \_\_\_\_\_  
 Add-on Roommate to existing tenant  **ALL ADULTS must fill out a separate Application and pay a separate Screening Fee**

<b>Applicant Information</b>	Name: _____ <small style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>M.I.</span> </small> Social Security Number: _____ - _____ - _____ Birth Date: _____ Driver's License #: _____ State of Issue: _____ Phone: (____) _____ Have you gone by any other names ? YES NO (Please circle one) If yes, please list: _____
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**Other Occupants – Please list any minor children who will be residing in the unit:**

Automobile Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Permission for Emergency contact to enter in emergency: YES NO

**CRIMINAL CRITERIA**

**PLEASE CIRCLE THE APPROPRIATE ANSWER ON THE FOLLOWING QUESTIONS:**

**Applicant:** Have you ever been convicted of a crime? **Yes No** Do you have any pending or outstanding warrants or charges? **Yes No**

**Other occupant(s):** Have you ever been convicted of a crime? **Yes No** Do you have any pending or outstanding warrants or charges? **Yes No**

**IF ANY OCCUPANT ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, THE FOLLOWING MUST BE COMPLETED:**

<b>RESIDENCE HISTORY</b>	IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE ALL INFORMATION IS CORRECT AND COMPLETE. MISSING OR INCOMPLETE INFORMATION IS GROUNDS FOR REJECTION. <b>WE MUST HAVE TWO (2) YEARS OF CONSECUTIVE RENTAL HISTORY DISCLOSED.</b>
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CURRENT ADDRESS	PREVIOUS ADDRESS	FORMER ADDRESS
Street Number Name Apt#	Street Number Name Apt#	Street Number Name Apt#
City State Zip Code	City State Zip Code	City State Zip Code
<b>Check one of the following:</b> Rent ___ Mortgage/Own ___ No rent paid ___	<b>Check one of the following:</b> Rent ___ Mortgage/Own ___ No rent paid ___	<b>Check one of the following:</b> Rent ___ Mortgage/Own ___ No rent paid ___
If Rented, amount of Rent Paid: \$ _____	If Rented, amount of Rent Paid: \$ _____	If Rented, amount of Rent Paid: \$ _____
Moved In: _____ Moved Out: _____	Moved In: _____ Moved Out: _____	Moved In: _____ Moved Out: _____
Reason for leaving: _____	Reason for leaving: _____	Reason for leaving: _____
<b>Landlord's Information:</b> Name: _____ Ph:(____) _____	<b>Landlord's Information:</b> Name: _____ Ph:(____) _____	<b>Landlord's Information:</b> Name: _____ Ph:(____) _____

<b>EMPLOYMENT HISTORY</b>	<b>INFORMATION ON EMPLOYMENT HISTORY MUST BE COMPLETE AND ACCURATE IN ORDER TO VERIFY INCOME. PLEASE LIST PHONE NUMBER OF PERSON TO VERIFY EMPLOYMENT.</b>
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PRESENT EMPLOYER	PREVIOUS EMPLOYER	FORMER EMPLOYER
Name of Company or Employer	Name of Company or Employer	Name of Company or Employer
Phone#:(____) _____	Phone#:(____) _____	Phone#:(____) _____
Position: _____	Position: _____	Position: _____
Gross <b>Monthly</b> Earnings: \$ _____	Gross <b>Monthly</b> Earnings: \$ _____	Gross <b>Monthly</b> Earnings: \$ _____
Start Date: _____	Start Date: _____ End: _____	Start Date: _____ End: _____

Other Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_ How to Verify: \_\_\_\_\_

<b>MISCELLANEOUS INFORMATION</b>	Do you have any pets or do you intend to get any pets? YES NO If yes, what kind: _____ Have you ever been evicted or do you currently owe a landlord money? YES NO If yes, when: _____ Amount \$ _____ Have you filed for bankruptcy within the past 10 years? YES NO <b>If yes, we will need the Discharge or Dismissed papers (whichever applicable).</b> Are you now or will you be in the next year a Full Time Student? YES NO If yes, number of credit hours: _____
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I (we) declare the information given on this application to be true under penalty of perjury. Applicants hereby grant permission to the Owner/Manager and/or agents and A.P.M. Inc. to obtain credit reports and any other information necessary to verify all information on this application. I (we) agree that no other person or persons except the above named will occupy the subject premises at any time without the written consent of the Manager. I (we) further agree that all adults residing in the premises are jointly and severally liable for all rent and damage incurred during the term of occupancy. I (we) understand I (we) acquire no rights to this rental unit until an agreement is signed in the form submitted to me, and a security deposit of \$ \_\_\_\_\_ is paid. All adult tenants must sign the Rental Agreement. I (we) also understand that if I (we) do not rent and have paid a security deposit, \$ \_\_\_\_\_ will be withheld from the deposit for liquidating damages. If Management declines to accept this application, and I (we) have paid the security deposit, it will be refunded in full. Applicant(s) agrees to pay a Non-Refundable application processing fee of \$ \_\_\_\_\_.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# American Property Management, Inc.



I, \_\_\_\_\_ have read and understand the  
(Please Print Name)

Criminal Criteria under American Property Management, Inc. policies on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_ .

By signing this, I am in complete understanding that American Property Management,  
Inc. may, at its discretion terminate my lease if at any future date it has been  
determined that I have violated the Criminal Criteria, intentionally or unintentionally.

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( Please sign Name)

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(Date)

## AUTHORIZATION

*I/do hereby authorize* \_\_\_\_\_ APMI \_\_\_\_\_ *and its*  
staff or authorized representative to contact any employers, financial institutions,  
agencies, local police departments, offices, groups or other organizations to obtain and  
verify any information or materials which are deemed necessary to determine my  
eligibility for housing in programs administered/managed.



Applicant/Resident Signature

Print Name

Date