



APPLICATION TO RENT

Type of Report: \_\_\_\_\_

1-888-321-9035 1-888-321-9036 Fax

<b>Property Information</b>	Property Name: _____	Requested By: _____	Move in Date: ____/____/____
	Property Code/Address: _____	Unit#: _____	Rent Amnt: _____ Move in Amnt: _____

**Personal Information: Incomplete or false information may be grounds for denial of tenancy. Proof of identity may be required.**

Applicant Name: _____	Middle: _____	Last: _____
Soc.Sec.#: _____ - _____ - _____	Birthdate: ____/____/____	Other Names Used: _____
Driver's License #: _____	Address on License: _____	State: _____ Exp.Date: _____
Veh. License Plate: _____	Year: _____ Model: _____ Make: _____	How many pets? _____ Type(s): _____
Cellular Phone #:(____) _____	Day Ph #: (____) _____	E-Mail Address: _____
Bank Name: _____	Checking #: _____	Saving #: _____ Automated Ph.#(____) _____
Emergency Name: _____	Relationship: _____	Phone:(____) _____ Address: _____

  

Co-Applicant Name: _____	Middle: _____	Last: _____
Soc.Sec.#: _____ - _____ - _____	Birthdate: ____/____/____	Other Names Used: _____
Driver's License #: _____	Address on License: _____	State: _____ Exp.Date: _____
Veh. License Plate: _____	Year: _____ Model: _____ Make: _____	How many pets? _____ Type(s): _____
Cellular Phone #:(____) _____	Day Ph #: (____) _____	E-Mail Address: _____
Bank Name: _____	Checking #: _____	Saving #: _____ Automated Ph.#(____) _____
Emergency Name: _____	Relationship: _____	Phone:(____) _____ Address: _____

**OWN RENT LEASE (circle one) Current Rental Information: Incomplete or false information may be grounds for denial of tenancy.**

Current Street Address: _____	Unit#: _____	City: _____	State: _____	Zip: _____	Reason Left: _____
Move In: _____	Move Out: _____	Rent Amnt: _____	Landlord Phone:(____) _____	Landlord Name: _____	

  

Co-App Street Address: _____	Unit#: _____	City: _____	State: _____	Zip: _____	Reason Left: _____
Move In: _____	Move Out: _____	Rent Amnt: _____	Landlord Phone:(____) _____	Landlord Name: _____	

**OWN RENT LEASE (circle one) Previous Rental Information: Incomplete or false information may be grounds for denial of tenancy.**

Prev. Address: _____	Unit#: _____	City: _____	State: _____	Zip: _____	Reason Left: _____
Move In: _____	Move Out: _____	Rent Amnt: _____	Landlord Phone:(____) _____	Landlord Name: _____	

  

Co-App. Prev. Address: _____	#: _____	City: _____	State: _____	Zip: _____	Reason Left: _____
Move In: _____	Move Out: _____	Rent Amnt: _____	Landlord Phone:(____) _____	Landlord Name: _____	

**Employment Information: Proof of pay stubs, tax returns and/or letter of hire may be required. Co-applicant income is NOT additional income.**

Current Employer: _____	Full time/Part time: _____	Hire date _____	Term date _____	Rate of Pay: _____
Position: _____	Phone:(____) _____	Address: _____	City: _____	State: _____ Zip: _____

  

Previous Employer: _____	Full time/Part time: _____	Hire date _____	Term date _____	Rate of Pay: _____
Position: _____	Phone:(____) _____	Address: _____	City: _____	State: _____ Zip: _____

  

Additional Income Source(s): _____	Amount(s): _____	Phone:(____) _____
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Co-App. Employer: _____	Full time/Part time: _____	Hire date _____	Term date _____	Rate of Pay: _____
Position: _____	Phone:(____) _____	Address: _____	City: _____	State: _____ Zip: _____

  

Co-App Prev. Employer: _____	Full time/Part time: _____	Hire date _____	Term date _____	Rate of Pay: _____
Position: _____	Phone:(____) _____	Address: _____	City: _____	State: _____ Zip: _____

  

Additional Income Source(s): _____	Amount(s): _____	Phone:(____) _____
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**List all persons to occupy the property applied for: Please include children**

Name: _____	Relationship: _____	Age: _____	Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____	Name: _____	Relationship: _____	Age: _____

**Other Information: If additional information can be offered please use a separate sheet of paper.**

Has the applicant or co-app filed bankruptcy? Applicant: <b>Yes or No</b> Spouse: <b>Yes or No</b> Date of Discharge: _____
Has applicant or co-app. been charged with a misdemeanor or felony offense? Applicant: <b>Yes or No</b> Spouse: <b>Yes or No</b>
Offense type: _____ Offense: _____ Date: _____ City: _____ State: _____ County: _____
Has applicant or co-app. been evicted or left an apartment/landlord owing money? Applicant: <b>Yes or No</b> Spouse: <b>Yes or No</b>
Date Evicted: _____ Apartment/Landlord Name: _____ Phone: _____ Dates of Residency: _____
Address Evicted From: _____ Unit#: _____ City: _____ State: _____ County: _____

I understand there will be a **Non-Refundable Screening Fee** in the amount of \$ \_\_\_\_\_. **(There will be a \$25 charge on all returned checks)**

I understand I acquire no rights to a rental unit until I sign a rental agreement. I understand that upon signing this application a consumer investigation regarding all statements made on this application will be initiated. I understand I have the right to dispute the accuracy of information reported and upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of my rights under the FCRA. I/We certify that all statements made on this application are true and correct to the best of my knowledge. I/We are aware that false, misleading or incomplete information may result in a denial of tenancy or subsequent eviction. I authorize **FasTrak Services, Inc** to make or request from an outside agency inquiries to any credit reporting mediums concerning my credit history. I further authorize **FasTrak Services, Inc** to conduct or request from an outside agency a consumer investigation with regard to rental history, employment history, banking, conduct of character, mode of living, criminal charges, evictions, and any other information deemed necessary.

Applicant Signature

Date

Co-Applicant Signature

Date