		RESIDEN'	TIAL REN	ITAL APPLICATION	N		
ADDRESS OF PROPERTY A	PPLYING	FOR:		DESIRED MOVE-IN DATE:			
APPLICANT INFO	RMAT	ION					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	MAIDEN NAME:		
DATE OF BIRTH:		SSN:		HOME PHONE:	CELL PHONE:		
PHOTO ID #:		STATE OF ISSUE:		EMAIL ADDRESS:			
RESIDENCE HIST	ORY						
CURRENT ADDRESS:					RENT OR OWN?		
CITY: STATE:			ZIP CODE:		MONTHLY PAYMENT:		
MOVE-IN DATE:	LEASE	EXPIRES:	LANDLORD NAME:		LANDLORD PHONE:		
REASON FOR LEAVING:	l				1		
EMPLOYMENT I	NFOR	MATION					
CURRENT EMPLOYER:				SUPERVISOR:	PHONE:		
ADDRESS:	DDRESS:			STATE:	ZIP CODE:		
POSITION:	OSITION:			START DATE:	END DATE:		
CO-APPLICANT I	NFORM	MATION					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	MAIDEN NAME:		
DATE OF BIRTH:		SSN:		HOME PHONE:	CELL PHONE:		
PHOTO ID #:	PHOTO ID #:			EMAIL ADDRESS:			
RESIDENCE HIST	ORY						
CURRENT ADDRESS:					RENT OR OWN?		
CITY:	STATE		ZIP CODE:		MONTHLY PAYMENT:		
MOVE-IN DATE:	LEASE	EXPIRES:	LANDLORD NAME:		LANDLORD PHONE:		
REASON FOR LEAVING:			I				
EMPLOYMENT I	NFOR	MATION					
CURRENT EMPLOYER:				SUPERVISOR:	PHONE:		
ADDRESS:		CITY:		STATE:	ZIP CODE:		
POSITION:		GROSS MO. INCOME		START DATE:	END DATE:		
OTHER OCCUPA	NT(S)	(LIST NAMES OF ALL PERSO	ONS UNDER 18 WH	O WILL OCCUPY THE UNIT. ALL APPLIC	CANTS 18 OR OVER MUST BE LISTED AS AN APPLICANT)		
FIRST NAME:		LAST NAME:		RELATIONSHIP:	AGE:		
FIRST NAME:		LAST NAME:		RELATIONSHIP:	AGE:		
FIRST NAME:		LAST NAME:		RELATIONSHIP:	AGE:		
FIRST NAME:		LAST NAME:		RELATIONSHIP:	AGE:		

PET(S)													
YPE: BREED:				WEIGHT:			FIXED?						
TYPE:		BREED:		WEIGHT:			FIXED?						
TYPE: E		BREED:		WEIGHT:			FIXED?						
TYPE: BREED:				WEIGHT:			FIXED?						
EMERGENCY	CONTAC	T(S)											
FULL NAME:	RELATIONSHIP:			CONTACT PHON	E:	EMAIL ADDRESS:							
FULL NAME:		RELATIONSHIP:			CONTACT PHONE:		EMAIL ADDRESS:						
VEHICLE INI	FORMATIC	ON											
	MAKE:		MODEL	:	COLOR:		TAG #:		STATE				
YEAR MAKE:		MODEL		:	COLOR:		TAG #:		STATE				
DESCRIBE ANY OTHER	DESCRIBE ANY OTHER VEHICLE, MOTORCYCLE, TRAILER OR BOAT YOU INTEND TO STORE OR PARK AT THE PROPERTY:												
MANDATORY	Y SCREEN	ING QUI	ESTI	ONS									
Have you ever been evicted or a defendant in an eviction			n action?	YES	NO	IF YES, PLEASE EXPLAIN:							
Have you ever filed, or are you in the process of filing, ba				ankruptcy?	YES	NO							
Do you owe any other landlords a balance?					YES	NO							
Have you ever been asked to move for a lease violation of				of any kind?	YES	NO							
Have you ever been convicted of a felony?					YES	NO							
Have you ever been	)	YES	NO										
OTHER INCO	OME TO CO	ONSIDE	R										
CHILD SUPPORT	\$	\$ NAME		ME & ADDRESS OF PAYER:									
ALIMONY:	\$	\$ NAME 8		AME & ADDRESS OF PAYER:									
SOCIAL SECURITY:	<u>'</u>			ESCRIPTION OF BENEFITS:									
DISABILITY BENEFITS	BILITY BENEFITS: \$ NAME			AME OR SOURCE OF PAYMENTS:									
PUBLIC ASSISTANCE:	SSISTANCE: \$ NAME			ME OF ASSISTANCE PROGRAM:									
OTHER:	\$		DESCRI										
AUTHORIZAT	TION TO RE	ELEASE (	CONS	SUMER INFO	RMATION								
Each person eightee also complete and sig application, in order application successfu	gn an applicatio to process the	n, or guarant	or form	n. \$ Non	-refundable pr	ocessing fee	(per app	olicant) will be co	ollected with thi				
Tenancy will be den signed, we have the a third party service history, your credit h without regard to rac	right to termina to verify any onistory and scor	te your renta or all of the e(s), and rev	al agree followi riew cri	ement immediatel ng; your current minal records wit	y, which would and/or past er hin the last 20	result in you b nployment, yo	oeing ask our curre	ed to leave the prent and/or past re	operty. We utiliz ental and evictio				
This is to advise that the above-reference criminal records sea a complete rental his	ed rental prope rch, nationwide	rty, to obtai e eviction his	n a cor tory se	nsumer credit repeated arch, to verify the	oort from any o e details of my	or all of the tl employment	hree cre includin	dit bureaus, cond g salary informati	uct a nationwid on, and to obtai				
SIGNATURE OF APPLICANT:			PRINTED NAME OF APPLICANT:				DATE:						
SIGNATURE OF CO-APPLICANT:			PRINTED NAME OF	CO-APPLICANT:		DATE:							