		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:		SSN:		HOME PHONE:	CELL PHONE:		
PHOTO ID#: STATE OF		STATE OF ISSUE:		EMAIL ADDRESS:	<u>'</u>		
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:							
EMPLOYMENT I	NFOR	MATION					
CURRENT EMPLOYER:				SUPERVISOR:	PHONE:		
ADDRESS:		CITY:		STATE:	ZIP CODE:		
POSITION:		GROSS MO. INCOME		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 #:		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 NAM	IE:	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)										
TYPE:	BREED:			WEIGHT:			FIXED?			
TYPE: BREED:				WEIGHT:			FIXED?			
TYPE: BREED:				WEIGHT:			FIXED?			
TYPE: BREED:				WEIGHT:			FIXED?			
EMERGENCY	CONTAC	T(S)								
FULL NAME: RELATIONSHIP:				CONTACT PHON	E:	EMAIL ADDRESS:				
FULL NAME: RELATIONSHIP:		P:		CONTACT PHONE:		EMAIL A	EMAIL ADDRESS:			
VEHICLE INI	FORMATIC	ON								
	MAKE:			:	COLOR:		TAG #:		STATE	
YEAR N	MAKE:	KE: N		:	COLOR:		TAG #:		STATE	
DESCRIBE ANY OTHER	VEHICLE, MOTOR	CYCLE, TRAILE	R OR BO	DAT YOU INTEND TO	END 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			evictio	n action?	YES	NO		IF YES, PLEASE I	XPLAIN:	
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 convicted of a major misdemeanor?				)	YES	NO				
OTHER INCO	OME TO CO	ONSIDE	R							
CHILD SUPPORT	\$	\$ NAME		AME & ADDRESS OF PAYER:						
ALIMONY:	\$	\$ NAME 8		AME & ADDRESS OF PAYER:						
SOCIAL SECURITY:	\$	\$ DESCRI		ESCRIPTION OF BENEFITS:						
DISABILITY BENEFITS	ILITY BENEFITS: \$ NAME		AME OR SOURCE OF PAYMENTS:							
PUBLIC ASSISTANCE:	JBLIC ASSISTANCE: \$ NAME O		AME OF ASSISTANCE PROGRAM:							
OTHER:	\$	\$ DESCRIE		CRIBE:						
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 re(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	DF CO-APPLICANT: DATE:						

## **Tenant Information Release Form**

I authorize the release of informatio	n concerning my stay at properties
managed by	This information can include but is
not limited to duration of stay, rent a	amounts, payment history, apartment
condition upon my departure, and is	sues concerning compliance with or
infringement on the policies and pro	ovisions in the Housing Agreement. This
information may be provided to land	dlords with whom I am seeking tenancy,
bank representatives evaluating my	credit worthiness, or any agencies
conducting background checks.	
Tenant's Name	Tenant's signature
 Email	Most Recent Address