



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION			
FIRST NAME	MIDDLE	LAST	S.S.# - -
DATE OF BIRTH / /	When would you like to move in?		DRIVERS LICENSE # STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)			
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)			
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION					
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME		
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



National Background Information

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

BY SIGNATURE BELOW, I AUTHORIZE NATIONAL CREDIT REPORTING AND ITS DESIGNATED AGENTS AND REPRESENTATIVES TO PERFORM A COMPREHENSIVE REVIEW OF MY BACKGROUND THROUGH A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT TO BE GENERATED FOR CONSIDERATION AS A TENANT AND RENTER. FOR THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT THE SCOPE OF THE CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING AREAS: NAMES AND DATES OF PREVIOUS/CURRENT EMPLOYMENT, WORK EXPERIENCE, EVICTION NOTICES, CRIMINAL HISTORY RECORDS (FROM LOCAL, STATE, FEDERAL, INTERNATIONAL AND OTHER LAW ENFORCEMENT AGENCIES' RECORDS), SEXUAL OFFENDER'S LISTS, WANTS AND WARRANT RECORDS, MOTOR VEHICLE RECORDS, CREDIT HISTORY, CIVIL CASES, OFAC/PATRIOTS ACT, ANY SANCTION LISTS, PERSONAL IDENTITY VERIFICATION AND SOCIAL SECURITY TRACE. I RELEASE ALL OF THE ABOVE, INCLUDING NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSS, LIABILITES, AND EXPENSES ARISING FROM THE RETRIEVAL AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORT ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC RECORD INFORMATION AND OF THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I CERTIFY THAT ALL INFORMATION PROVIDED BELOW AND ON MY RENTAL APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE STATEMENTS PROVIDED IN THIS FORM WILL BE CONSIDERED JUST CAUSE FOR THE TERMINATION OF TENANCY AT ANY TIME. THIS AUTHORIZATION AND CONSENT SHALL BE VALID IN ORIGINAL, FAX OR COPY FORM. THE FOLLOWING INFORMATION IS REQUIRED BY LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR IDENTIFICATION PURPOSES WHEN CHECKING RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

Print		
First Name:	Middle:	Last:
Previous Name (AKA/Alias)		Date of Birth:
Social Security #:		
Driver's License #:		State Issued:
Current Address:		
City:	State:	Zip Code:
Previous Address (Include Street, City, State and Zip)		Date of Residence

Signature _____ Date: _____

California, Massachusetts, Minnesota, Oklahoma, and New York Only: If you are a current resident and would like a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

FOR PROPERTY MANAGER'S USE ONLY

MEMBER ID#	REQUESTOR
PROPERTY NAME	REF#