

Which property are you applying for?

Monthly Rent Amount: \$.00

What day are you looking to move in?

Name Last, First, M.I. (Former) DL# SS# - - DOB / /

Spouse Last, First, M.I. (Former) DL# SS# - - DOB / /

Please list any/all other people to occupy the property:

Name: Relationship: Age:

Pets: Y / N Number Type/Breed Weight: Age:

Home Ph# Cell Ph#

Current Address:

Landlord: Phone ()

Rent Amount: \$.00 Length of Residence: / to /

Why are you moving?

Prior Address:

Prior Landlord: Phone ()

Rent Amount: \$.00 Length of Residence: / to /

Why did you move?

Employer Address / City / State / Zip Phone ()

Position Dates Employed / to / Income \$ per

Prior Employer Address / City / State / Zip Phone ()

Position Dates Employed / to / Income \$ per

Spouse Present Employer Address / City / State / Zip Phone ()

Position Date Employed / to / Income \$ per

Spouse Prior Employer Address / City / State / Zip Phone ()

Position Date Employed / to / Income \$ per

Have you ever had an eviction filed or left owing money to an owner or landlord? Applicant Spouse Yes No Yes No

If any Yes answers above, please explain the circumstances regarding the situation on the back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management.

Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under laws of this state.

NON-REFUNDABLE APPLICATION FEE- Applicant(s) agree to pay a non-refundable application processing fee in the amount of \$35.00 per unmarried adult or \$50.00 for a married couple.

Applicant's Signature Date

Spouse's Signature Date