

PREVIOUS RENTAL HISTORY:

CURRENT Address: _____ From: _____ To: _____

Reason for Leaving: _____ Rent Amount: \$ _____

Landlord's Name: _____ Phone #: _____

Address: _____ From: _____ To: _____

Reason for Leaving: _____ Rent Amount: \$ _____

Landlord's Name: _____ Phone #: _____

Address: _____ From: _____ To: _____

Reason for Leaving: _____ Rent Amount: \$ _____

Landlord's Name: _____ Phone #: _____

Address: _____ From: _____ To: _____

Reason for Leaving: _____ Rent Amount: \$ _____

Landlord's Name: _____ Phone #: _____

Have you or any member of your household ever been evicted? NO _____ YES _____

If YES, you MUST answer the following:

From Where? _____ When? _____

Why? _____

Have you or any member of your household ever been evicted from housing for drug-related criminal activity? NO ____ YES ____

If YES, you MUST answer the following:

From Where? _____ When? _____

CRIMINAL HISTORY

You MUST answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete, your application may be rejected, OR, if move-in has occurred, you may be evicted.

	NO	YES	If Yes, you MUST answer the following:
*Have you or a member of your household ever been convicted of drug related activity?	_____	_____	Who? _____ When? _____ Details: _____
*Have you or a member of your household ever been convicted of violent criminal activity?	_____	_____	Who? _____ When? _____ Details: _____
*Are you or any member of your household a current illegal user of or addicted to a controlled substance?	_____	_____	Who? _____ When? _____ Details: _____
*Have you or a member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	_____	_____	Who? _____ When? _____ Details: _____
*Have you or a member of your household ever been on parole or are now on parole?	_____	_____	Who? _____ When? _____ Details: _____
*Have you or a member of your household currently or in the past used illegal drugs?	_____	_____	Who? _____ When? _____ Details: _____
*Are you or a member of your household subject to registration Under a state sex offender registration program?	_____	_____	Who? _____ When? _____ Details: _____

SOURCES OF INCOME FOR APPLICANT (FROM EMPLOYER, AGENCY OR PERSON)

NAME & ADDRESS OF SOURCE: _____

CONTACT NAME TO VERIFY INCOME: _____ PHONE: _____

INCOME: _____ PER _____ (HR, WEEK, MONTH, YEAR) Average Annual Income: _____

NAME & ADDRESS OF SOURCE: _____

CONTACT NAME TO VERIFY INCOME: _____ PHONE: _____

INCOME: _____ PER _____ (HR, WEEK, MONTH, YEAR) Average Annual Income: _____

SOURCES OF INCOME FOR CO-APPLICANT (FROM EMPLOYER, AGENCY OR PERSON)

NAME & ADDRESS OF SOURCE: _____

CONTACT NAME TO VERIFY INCOME: _____ PHONE: _____

INCOME: _____ PER _____ (HR, WEEK, MONTH, YEAR) Average Annual Income: _____

NAME & ADDRESS OF SOURCE: _____

CONTACT NAME TO VERIFY INCOME: _____ PHONE: _____

INCOME: _____ PER _____ (HR, WEEK, MONTH, YEAR) Average Annual Income: _____

AUTOMOBILES & OTHER VEHICLES

Owner Name: _____ Make/Model: _____ Year: _____ Color: _____ Tag#: _____

Owner Name: _____ Make/Model: _____ Year: _____ Color: _____ Tag#: _____

Owner Name: _____ Make/Model: _____ Year: _____ Color: _____ Tag#: _____

BANKING & CREDIT REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

PERSONAL REFERENCES—NOT RELATED TO YOU

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

APPLICANT/CO-APPLICANT CERTIFICATION

I certify that all information given in this application is true, complete and accurate.

I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies, including the Sexual Offender Registries or other sources for verification confirmation which may be released to appropriate Federal, State or Local agencies.

Please read carefully before you sign and make sure all questions have been answered. By signing this application, you acknowledge that you have read and agree with the four certification statements listed above. You also acknowledge and agree that the application fee is non-refundable even if you are not approved. You also acknowledge and agree that any deposit paid to hold a unit for you will be refunded to you if you are not approved; however, if you are approved, but decide not to lease a unit, your deposit will not be refunded.

Signature: _____

Date: _____

Signature: _____

Date: _____

(Do not write below this line)

Application: Approved _____ Denied _____

Agent Signature: _____ Date: _____

Terms: _____ Yr/Mo Lease \$ _____ /month Rent \$ _____ deposit
\$ _____ pet fee/pet deposit

Move-in Date: _____ Miscellaneous terms: _____
