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Received on _____ @ _____ am/pm
 By: _____ Unit Size Preferred: _____
 Preferred Rental: _____

RESIDENTIAL APPLICATION

Complete the application in its entirety. Failure to provide a complete application will cause a delay in processing and you may not get the unit you are seeking.

A copy of your current driver's license must accompany this application.

Applicant Name _____

Telephone _____ **Cell Phone** _____

Present Physical Address: _____

City _____ **State** _____ **Zip:** _____

Mailing Address: _____ **Email Address:** _____

A. HOUSEHOLD COMPOSITION: (Please list all names of those who will occupy the unit)

NAME (Last, First, Middle Initial)	DATE OF BIRTH	SEX	SOCIAL SECURITY #	RELATIONSHIP TO APPLICANT
				SELF

B. LANDLORD HISTORY - up to 5 years (If you need additional space, please attach a separate sheet of paper.)

1. Name of Present Landlord _____ **Telephone** _____

Landlord Address _____ **City** _____ **State** _____ **Zip** _____

Rental Address _____ **City** _____ **State** _____ **Zip** _____

Dates of Residency _____ **Monthly Rent (w/ utilities)** _____

2. Name of Prior Landlord _____ **Telephone** _____

Landlord Address _____ **City** _____ **State** _____ **Zip** _____

Rental Address _____ **City** _____ **State** _____ **Zip** _____

Dates of Residency _____ **Monthly Rent (w/ utilities)** _____

3. Name of Prior Landlord _____ Telephone _____
 Landlord Address _____ City _____ State _____ Zip _____
 Rental Address _____ City _____ State _____ Zip _____
 Dates of Residency _____ Monthly Rent (w/ utilities) _____

IF YOU CANNOT FURNISH LANDLORD HISTORY, please give three (3) PROFESSIONAL REFERENCES (i.e. teachers, clergymen, or former employers): known at least three (3) years and NOT friends or related to you or any co-applicants.

1. Name _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
 2. Name _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
 3. Name _____ Telephone _____
 Address _____ City _____ State _____ Zip _____

C. AUTOMOBILE

Make/Model/Year ¹ _____ License # _____
 Make/Model/Year ² _____ License # _____

D. ELIGIBILITY for all household members: Mark “Yes” or “No”

QUESTIONS	YES OR NO
1. Have you or any members of your household been evicted for non-payment of rent or damages?	
2. Are you or any member of your household currently an illegal user of a controlled substance?	
3. Have you or any members of your household ever been convicted of illegal manufacture or distribution of a controlled substance?	
4. Have you or any members of your household been convicted of a misdemeanor (other than a traffic violation), a felony, sexual offense, dishonesty, fraud or violent crime? If Yes: In what State? _____; Type of Conviction: _____; Date of Conviction: _____	
5. Have you or any members of your household been evicted from housing for drug-related criminal activity?	
6. Are you or any member of your family a Registered Sex Offender under any state sex offender registration program?	
7. Are you are any member of your family currently abusing alcohol?	
8. Is any member of your family currently charged with criminal activity?	
9. Has any member of your household ever been responsible for willful damage of property?	
10. Do you understand that only persons listed on this application may live in the apartment unit unless you obtain prior written approval from management?	
11. Do you understand that if any false or incomplete information is included on this application, it is grounds for decline of your application or termination of your tenancy?	
12. Do you smoke? If yes, are you willing to smoke in a designated area?	
13. Do you have a pet? If yes, please describe:	

E. MONTHLY INCOME INFORMATION

Please provide the name of the household member who has the income, the source of the income and the total gross monthly income.

Applicant’s Employer: _____ Income: \$ _____

Supervisor’s Contact Information _____

Co-applicant’s Employer: _____ Income: \$ _____

Supervisor’s Contact Information _____

F. Are you eligible to receive housing assistance? If so, with which housing authority & how much is your assistance?

Housing Assistance Provider _____ Amount \$ _____

G. List all states in which you have lived or had a license to drive in the last five years:

H. In Case of Emergency Notify:

Name ¹ _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Name ² _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Email, mail or drop off the completed, signed original application forms to:

Property Management Division
Alaska One Realty, LLC
Alaskahomes@gci.net
1712 Mill Bay Road Suite C.
Kodiak, AK 99615-6412

Your signature below certifies that the statements made in this application are true and correct, and gives consent to Management to verify the information contained in this application and to order criminal background histories.

Signature _____ Date _____

Spouse Signature _____ Date _____

Co-Applicant ¹ Signature _____ Date _____

Co-Applicant ² Signature _____ Date _____

RECORDS RELEASE AND HOLD HARMLESS

I, the undersigned, hereby authorize the management and authorized representatives of Alaska One Realty to contact any agencies, police departments, including the Alaska State Police, or any other organization for the purposes of obtaining background information to assist in determining whether or not I will be suitable as a tenant. I hereby grant Alaska One Realty authority to request such background information including but not limited to criminal records, specifically to include felony convictions, history of violent crimes or behavior, injury to persons or damage to property, production and sale of illicit drugs, and sexual offenses. Further, I hereby authorize such agencies and police departments to release such records to Alaska One Realty and/or authorized representatives.

I hereby hold harmless and indemnify Alaska One Realty, its owners, management, employees and authorized representatives from any and all liability associated with obtaining, using and retaining of all information released hereunder pursuant to review of my eligibility as a tenant, or subsequently during my tenancy, if such tenancy is approved. I further authorize that all information provided below be verified. I understand that Alaska One Realty through its management, may receive inquiries from police or other law enforcement officers concerning information about me and/or other household members residing with me or my guests. I agree that Alaska One Realty through its representatives may provide information regarding identification, work and residence addresses and telephone numbers and information directly related to a law enforcement agency's criminal investigation or in case of emergency as determined by such law enforcement or emergency agency. I understand that, other than the release of this specific information for an emergency or criminal investigation, my files or information contained therein will be released only if a subpoena is presented for such information. I agree to hold harmless and indemnify Alaska One Realty, its directors, management, employees and authorized representatives from any and all liability associated with release of information in the event of a criminal investigation or emergency or if released in response to a subpoena.

NAME OF APPLICANT: _____

MAIDEN NAME OR OTHER NAMES USED: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

MANAGER'S SIGNATURE: _____ **DATE:** _____