

HOUSING APPLICATION

Neatly complete all information below. All applicants over the age of 18 must complete and sign their own application.

Applicants full name _____ Phone # _____ DOB _____

Social Security # _____

Drivers License/Stae Id # _____ State _____ Exp. _____

Current Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Present Employer _____ Position _____ Mo. _____

Income _____

Phone # _____ How long at job _____ Other income/source _____

Employers Address _____ City _____ State _____

Name of bank _____ Branch _____ Type of Account _____

Name of bank _____ Branch _____ Type of Account _____

Personal References

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Total number of adults _____ Total number of children living with you under the age of 18 _____

Names and relations of all other applicants _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____ Date _____

Received from applicant the non-refundable sum of \$ _____ dollars to pay for tenant screening service from A.C.B.

**KMMD Consulting Group LLC 410 908 0825 Fax 443 559 9780
mgray4k@kmmmdconsultants.com**