



### APPLICATION FOR RENTAL

PROPERTY ADDRESS		MOVE IN DATE	MONTHLY RENT	SECURITY
<b>Tell Us About Yourself</b>				
<b>PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID</b> - Your photo ID must be presented at time of application				
FIRST NAME		MIDDLE NAME		LAST NAME
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #	TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS <b>(Required)*</b>
PRESENT ADDRESS		COUNTY		WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #
<b>LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH</b> (if 18 years or older, must fill out application as an applicant)				
NAME		DATE OF BIRTH	NAME	DATE OF BIRTH
NAME		DATE OF BIRTH	NAME	DATE OF BIRTH
NAME		DATE OF BIRTH	NAME	DATE OF BIRTH
PRESENT ADDRESS IS (Check one): <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME STUDENT HOUSING <input type="checkbox"/> OTHER:				
<i>IF RENTING or OWNED: PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY</i>				
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY				
CITY		STATE	ZIP	TELEPHONE #
HOW LONG?		MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:	REASON FOR LEAVING:
PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)				
CITY		STATE	ZIP	TELEPHONE #



PREVIOUS ADDRESS IS (Check one): <input type="checkbox"/> OWNED HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> PARENTS' HOME STUDENT HOUSING <input type="checkbox"/> OTHER:			
IF RENTING or OWNED: PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY			
ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY		COUNTY WHERE RESIDENCE LOCATED	
CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:	REASON FOR LEAVING:
<b>Employment</b>			
EMPLOYER (COMPANY NAME)	HOW LONG?	MONTHLY GROSS INCOME	
ADDRESS		CITY	STATE
ADDRESS	CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE #	
OTHER SOURCE(S) OF VERIFIABLE INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES
FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB)		HOW LONG?	
ADDRESS		CITY	STATE
ADDRESS	CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME	SUPERVISOR'S TELEPHONE #	
<b>Motor Vehicles</b> (including cars, trucks, boats, motorcycles - if permitted at property):			
MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #
STATE			
1.			
2.			
3.			
<b>Animals</b> (animals require our consent)			
TYPE	BREED	WEIGHT	NAME
1.			
2.			



References			
PERSONAL REFERENCE AND/OR EMERGENCY CONTACT			
NAME	RELATIONSHIP	PRIMARY TELEPHONE #	ALTERNATE TELEPHONE #
ADDRESS		CITY	STATE ZIP
NAME	RELATIONSHIP	PRIMARY TELEPHONE #	ALTERNATE TELEPHONE #
ADDRESS		CITY	STATE ZIP
BANKING ACCOUNTS:			
BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	CURRENT BALANCE
BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	CURRENT BALANCE
BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	CURRENT BALANCE
<b>HAVE YOU EVER:</b>			
FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BEEN EVICTED FROM TENANCY OR BEEN IN A FORCLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Criminal Background Information			
DO YOU (OR ANY OF THE POTENTIAL OCCUPANTS IN THE APARTMENT) HAVE CHARGES PENDING AGAINST YOU (OR THEM) FOR ANY CRIMINAL OFFENSE?			APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO OCCUPANTS <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU (OR ANY OF THE POTENTIAL OCCUPANTS IN THE APARTMENT) BEEN CONVICTED OF ANY CRIMINAL OFFENSE; OR ENTERED A PLEA OF "GUILTY" OR "NO CONTEST" TO ANY CRIMINAL OFFENSE; OR HAD ANY CRIMINAL MATTER DISPOSED OF IN A MANNER OTHER THAN BY ACQUITTAL OR A FINDING OF "NOT GUILTY"?			APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO OCCUPANTS <input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES" TO ANY OF THE ABOVE QUESTIONS, GIVE DETAILS AND DATES, INCLUDING THE COUNTY AND STATE IN WHICH THE INCIDENT OCCURRED:			
HOW DID YOU HEAR ABOUT THIS APARTMENT?			
<input type="checkbox"/> INTERNET: <input type="checkbox"/> IMPROOV HOMES WEBSITE <input type="checkbox"/> OTHER SITE: _____ <input type="checkbox"/> DRIVE-BY <input type="checkbox"/> WALK-IN <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> OTHER: _____			
Where may we reach you to discuss this application?			
DAY PHONE #	NIGHT PHONE #	CELL PHONE #	



I HEREBY APPLY TO LEASE THE ABOVE DESCRIBED PREMISES FOR THE TERM AND UPON THE SET CONDITIONS ABOVE SET FORTH AND AGREE THAT THE RENTAL IS TO BE PAYABLE THE FIRST DAY OF EACH MONTH IN ADVANCE. AS AN INDUCEMENT TO THE OWNER OF THE PROPERTY AND TO THE AGENT TO ACCEPT THIS APPLICATION, I WARRANT THAT ALL STATEMENTS ABOVE SET FORTH ARE TRUE; HOWEVER, SHOULD ANY STATEMENT MADE ABOVE BE A MISREPRESENTATION OR NOT A TRUE STATEMENT OF FACTS, ALL OF THE DEPOSIT WILL BE RETAINED TO OFFSET THE AGENT'S COST, TIME, AND EFFORT IN PROCESSING MY APPLICATION.

THE CREDIT CHECK FEE WILL BE \$ \_\_\_\_\_, ANY CREDIT CHECK FEES ARE NOT REFUNDABLE.

I HEREBY DEPOSIT \$ \_\_\_\_\_ AS EARNEST MONEY TO BE REFUNDED TO ME IF THIS APPLICATION IS NOT ACCEPTED IN 3 BUSINESS BANKING DAYS.

UPON ACCEPTANCE OF THIS APPLICATION, THIS DEPOSIT SHALL BE RETAINED AS PART OF THE SECURITY DEPOSIT. WHEN SO APPROVED AND ACCEPTED, I AGREE TO EXECUTE A LEASE FOR \_\_\_\_\_ MONTHS BEFORE POSSESSION IS GIVEN AND TO PAY THE BALANCE OF THE SECURITY DEPOSIT PRIOR TO THE MOVE IN DATE. IF THE APPLICATION IS NOT APPROVED AND ACCEPTED BY THE OWNER OR AGENT, THE DEPOSIT WILL BE REFUNDED, THE APPLICANT

HEREBY WAIVING ANY CLAIM FOR DAMAGES BY REASON OF NON-ACCEPTANCE WHICH THE OWNER OR AGENT MAY REJECT. I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED

THROUGH PERSONAL INTERVIEWS WITH OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

THE ABOVE INFORMATION IS TRUE AND CORRECT.

PLEASE SIGN X \_\_\_\_\_

NAME OF APPLICANT DATE

**AUTHORIZATION** RELEASE OF INFORMATION

I AGREE TO PERMIT AN INVESTIGATION OF MY CREDIT, TENANT HISTORY, EMPLOYMENT, CRIMINAL BACKGROUND, AND ANY OTHER SCREENING FOR THE PURPOSES OF RENTING THIS APARTMENT, AND FOR THE BUILDING OWNER/MANAGER TO PROVIDE OUR RENTAL REFERRAL SERVICE YOUR NAME AND OTHER REQUIRED RENTAL CLOSE OUT INFORMATION.

\_\_\_\_\_

NAME (PLEASE PRINT)

X \_\_\_\_\_

SIGNATURE DATE