

PROPERTY ADDRESS: \_\_\_\_\_ YOUR EMAIL: \_\_\_\_\_ REQUESTED MOVE-IN DATE: \_\_\_\_\_

FIRST NAME MIDDLE NAME LAST NAME			SOCIAL SECURITY NUMBER
DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	HOME OR CELL PHONE NUMBER

1	PRESENT ADDRESS, CITY, STATE, ZIP		
	DATE IN	DATE OUT	OWNER/MANAGER NAME
			OWNER/MANAGER NUMBER
	REASON FOR MOVING		

2	PREVIOUS ADDRESS, CITY, STATE, ZIP		
	DATE IN	DATE OUT	OWNER/MANAGER NAME
			OWNER/MANAGER NUMBER
	REASON FOR MOVING		

3	PRIOR ADDRESS, CITY, STATE, ZIP		
	DATE IN	DATE OUT	OWNER/MANAGER NAME
			OWNER/MANAGER NUMBER
	REASON FOR MOVING		

PROPOSED OCCUPANTS  (LIST ALL IN ADDITION TO YOURSELF)	NAME	AGE	NAME	AGE

A	PRESENT OCCUPATION	EMPLOYER NAME
	HOW LONG WITH THIS EMPLOYER?	EMPLOYER ADDRESS
	NAME OF SUPERVISOR	EMPLOYER PHONE NUMBER

B	PREVIOUS OCCUPATION	EMPLOYER NAME
	HOW LONG WITH THIS EMPLOYER?	EMPLOYER ADDRESS
	NAME OF SUPERVISOR	EMPLOYER PHONE NUMBER

COMPLETE SECTIONS 2 AND 3 ONLY IF YOU HAVE LIVED AT ADDRESS 1 LESS THAN FIVE YEARS

COMPLETE SECTION B IF YOU HAVE BEEN WITH PRESENT EMPLOYER LESS THAN FIVE YEARS

BANK NAME	ADDRESS		ACCOUNT NUMBER	BALANCE
		CHECKING		
		SAVINGS		

PLEASE LIST ALL CREDIT CARDS AND FINANCIAL OBLIGATIONS:

NAME OF CREDITOR	TOTAL AMOUNT OWED	MONTHLY PAYMENT

NOTE: IF THERE ARE MORE CREDITORS, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER

IN CASE OF EMERGENCY	ADDRESS	PHONE NUMBER	RELATIONSHIP

AUTOMOBILE MAKE	MODEL	YEAR	LICENSE NUMBER
AUTOMOBILE MAKE	MODEL	YEAR	LICENSE NUMBER
OTHER VEHICLE MAKE	MODEL	YEAR	LICENSE NUMBER

CURRENT RENT YOU ARE PAYING \$ \_\_\_\_\_ CURRENT TAKE-HOME PAY PER MONTH \$ \_\_\_\_\_

ANY ITEM LEFT BLANK WILL BE ASSUMED AS A "NO" OR "NONE" ANSWER

HAVE YOU EVER BEEN EVICTED?.....[N] [Y]

HAVE YOU EVER RECEIVED A "3-DAY NOTICE TO PAY RENT OR QUIT"?.....[N] [Y]

HAVE YOU EVER HAD AN ACCOUNT PLACED "IN COLLECTION" FOR FAILURE TO MAKE PAYMENTS?.....[N] [Y]

HAVE YOU EVER FILED FOR BANKRUPTCY?.....[N] [Y]

HAVE YOU EVER BEEN ASKED TO MOVE, OR BEEN GIVEN A "30-DAY NOTICE TO MOVE"?.....[N] [Y]

HAVE YOU EVER BEEN CONVICTED OF A FELONY (IF YES, DESCRIBE BELOW)?.....[N] [Y]

WILL YOU HAVE WATER FILLED FURNITURE SUCH AS A WATERBED?.....[N] [Y]

WILL YOU HAVE ANY ANIMALS (IF YES, DESCRIBE BELOW)?.....[N] [Y]

WILL YOU BE SMOKING AT THE PROPERTY?.....[N] [Y]

IF YES ON THE ABOVE QUESTIONS, PLEASE DESCRIBE: \_\_\_\_\_

APPLICANT REPRESENTS THAT ALL OF THE ABOVE STATEMENTS ARE TRUE, ACCURATE, AND COMPLETE, AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING BUT NOT LIMITED TO THE OBTAINING OF A CREDIT REPORT, AND AGREES TO FURNISH ADDITIONAL CREDIT REFERENCES ON REQUEST. APPLICANT RELEASES PROPERTY MANAGER AND LANDLORD FROM ALL LIABILITY IN CONNECTION TO THIS APPLICATION VERIFICATION. ANY ISSUES OR QUESTIONS ABOUT APPLICANTS PERSONAL RECORDS MUST BE OBTAINED FROM A CREDIT REPORTING AGENCY. THIS APPLICATION IS THE PROPERTY OF THE LANDLORD AND WILL NOT BE RETURNED TO THE APPLICANT.

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_