

MANAGEMENT RENTAL APPLICATION

APPLICANT				CO-APPLICANT			
Applicant Name:				Co-Applicant Name:			
Social Sec. No:		Date of Birth:		Social Sec. No:		Date of Birth:	
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
E-Mail:				E-Mail:			
Driver's Lic. No./State:		Student: ___Yes ___No		Driver's Lic. No./State:		Student: ___Yes ___No	
Vehicle Make/Model/Year/Tag #:				Vehicle Make/Model/Year/Tag #:			
Provide Addresses for Prior 24 Months				Provide Addresses for Prior 24 Months			
Current Address (street, city, state, zip code) Street _____ City _____ State _____ Zip _____ Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Landlord: _____ Tel.: _____				Current Address (street, city, state, zip code) Street _____ City _____ State _____ Zip _____ Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Landlord: _____ Tel.: _____			
Previous Address (street, city, state, zip code) Street _____ City _____ State _____ Zip _____ Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Former Landlord: _____ Tel.: _____				Previous Address (street, city, state, zip code) Street _____ City _____ State _____ Zip _____ Own Rent M/I Date: _____ Lease Expires: _____ Rent/Mort. Amt \$ _____ Former Landlord: _____ Tel.: _____			
Person(s) occupying home in addition to applicants:							
Name:		Relationship:		Social Sec. No.:		Date of Birth:	
Name:		Relationship:		Social Sec. No.:		Date of Birth:	
Name:		Relationship:		Social Sec. No.:		Date of Birth:	
Pet: Yes No	Breed:		How Many: 1 or 2	Size:		Indoor or Outdoor	
APPLICANT EMPLOYMENT INFORMATION				CO-APPLICANT EMPLOYMENT INFO			
Name & Phone # of Employer:		Time at this job: _____ years _____ mos		Name & Phone # of Employer:		Time at this job: _____ years _____ mos	
Self Employed		Monthly Income: \$ _____		Self Employed		Monthly Income: \$ _____	
		Position/Title/Type of Business:				Personnel Phone:	
If employed in current position for less than TWO YEARS or if currently employed in more than one position, complete the following.							
Name & Phone # of Employer:		Date (from-to):		Name & Phone # of Employer:		Date (from-to):	
Self Employed		Monthly Income: \$ _____		Self Employed		Monthly Income: \$ _____	
		Position/Title/Type of Business:				Personnel Phone:	

Other Monthly Income	Applicant	Co-Applicant	Total
Total	\$	\$	\$

* Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

HOME INFORMATION

VIN #:	Year:	Make:	Model:
Cash Deal	\$	Financed Amt:	\$
		Mo. Paymt Amt	\$

IN CASE OF EMERGENCY: (Please include one local contact)

Name:	Address:	Tel #:	Relation:
Name:	Address:	Tel #:	Relation:

I hereby give consent to contact the individual listed above to discuss any emergency situation. **INITIALS**

DECLARATIONS

If you answer, "yes" to any questions a through h, please use continuation sheet for explanation.	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding liens or judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you declared bankruptcy in the Last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been foreclosed on or surrendered title/deed in lieu of in the last seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you delinquent or in default on any debt, loan, mortgage, financial obligation, bond, or loan guarantee? If yes give details as described in the proceeding question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Will you occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. *Have you been convicted of a felony or a crime of violence against a person or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. * Are you listed on any government-sponsored registry naming terrorists, Most Wanted criminals or sex offenders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Each occupant 18 years of age or older must answer questions "g" and "h" and sign an application with the answers. False statements will be considered false statements by the applicant(s).

ACKNOWLEDGEMENT AND AGREEMENT

It is understood that the application-processing fee is not refundable, except as provided by applicable law.

I authorize Rental History Reports to do a complete investigation of all information provided with my application for residency. I have personally filled in and/or reviewed all information within the application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MPHA), Employment Verification, Eviction Records and Personal Interviews with references. This authorization is for this transaction only and continues for (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. I authorize Rental History Reports to use my Visa/MasterCard/American Express account number in Payment of Services Rendered (Merchandise purchased is a resident screening report). I acknowledge that Rental History Reports provides reports by written, electronic or verbal instructions to property managers of my choice and does not participate in the approval or denial process, and does not guarantee an approval. My submitting this application below acknowledges and agrees with all terms above and authorizes companies to release rental, job history (including salary), eviction, credit and criminal record information. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

I further authorize Management and its employees or agents, to verify all the information in this application including specifically to obtain public and nonpublic references and credit reports or records and criminal (including sex offender) background records if applicable. I also authorize Management and its employees or agents (including Rental History Reports and any other third party collection agency), to obtain such references and reports at any time during the term of my residency and after termination of my lease, if such reports are needed to review my continuing eligibility to be a resident, collect any defaulted payments or charges or for any other permissible purpose. **Applicant represents that all the statements herein are true.**

Applicant Signature X	Date:	Co Applicant Signature X	Date:
Management Representative Signature X	Date		

The application fee deposited with this application is to cover the cost of processing; this fee is nonrefundable. If this application is approved, I understand that I will pay a security deposit and that I will enter into a separate lease.

Management is committed to comply with all federal, state and local fair housing and equal housing opportunities laws.

