

# RENTAL APPLICATION

Each applicant must submit a separate application.  
PLEASE PRINT IN BLACK INK.

COMMUNITY NAME			COMMUNITY CONTACT			COMMUNITY PHONE #			APT#			APPLICANT/OCCUPANT/COSIGNER		
APPLICANTS LAST NAME			FIRST MI			SOCIAL SECURITY #			D.O.B.			DRIVER'S LICENSE # AND STATE ISSUED		
APPLICANTS LAST NAME			FIRST MI			SOCIAL SECURITY #			D.O.B.			DRIVER'S LICENSE # AND STATE ISSUED		
FULL NAME			RELATION			DOB			FULL NAME			RELATION DOB		
FULL NAME			RELATION			DOB			FULL NAME			RELATION DOB		
WILL A PET OCCUPY THE PROPERTY?			YES OR NO			BREED/TYPE			WEIGHT			HOME PHONE + AREA CODE ( )		

## RESIDENCE HISTORY

PRESENT STREET ADDRESS			APT #			CITY			STATE			ZIP CODE			DATES OF OCCUPANCY		
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PMT.			PHONE NUMBER + AREA CODE								
PREVIOUS STREET ADDRESS			APT #			CITY			STATE			ZIP CODE			DATES OF OCCUPANCY		
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PMT.			PHONE NUMBER + AREA CODE								
SPOUSE'S ADDRESS IF DIFFERENT			APT #			CITY			STATE			ZIP CODE			DATES OF OCCUPANCY		
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY						MONTHLY PMT.			PHONE NUMBER + AREA CODE								

## EMPLOYMENT HISTORY

NAME OF PRESENT EMPLOYER			PHONE NUMBER + AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES								
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)					
NAME OF PREVIOUS EMPLOYER			PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES								
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)					
NAME OF SPOUSE'S PRESENT EMPLOYER			PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES								
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)					
NAME OF SPOUSE'S PREVIOUS EMPLOYER			PHONE NUMBER INCLUDE AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES								
EMPLOYMENT ADDRESS			START/END DATE			CURRENT POSITION HELD			MONTHLY GROSS INCOME (BEFORE TAXES)					
INCOME FROM ADDITIONAL SOURCES PLEASE LIST BELOW												AMOUNT		

ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER

## FINANCIAL INFORMATION

\*INFORMATION BELOW IS REQUIRED FOR PROCESSING

NAME OF BANK OR SAVINGS AND LOAN			BRANCH ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)			SAVINGS ACCOUNT NUMBER			CHECKING ACCOUNT NUMBER					
(LOANS) LENDER NAME			ACCOUNT NUMBER			ADDRESS OF THE LENDER			TOTAL DEBT			MONTHLY PMT		
CREDIT CARD			ACCOUNT NUMBER			CREDIT CARD			ACCOUNT NUMBER					
AUTO #1 YEAR, MAKE, MODEL, COLOR			LICENSE PLATE # / STATE ISSUE			FINANCED THROUGH			MONTHLY PMT					
AUTO #2 YEAR, MAKE, MODEL, COLOR			LICENSE PLATE # / STATE ISSUE			FINANCED THROUGH			MONTHLY PMT					
NAME OF ADDITIONAL BANK OR SAVINGS AND LOAN			BRANCH ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)			SAVINGS ACCOUNT NUMBER			CHECKING ACCOUNT NUMBER					

## PERSONAL INFORMATION

HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED?			YES NO			HAVE YOU EVER BROKEN A RANTAL AGREEMENT?			YES NO		
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?			YES NO			HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?			YES NO		
NAME OF APPLICANTS NEAREST RELATIVE			TELEPHONE WITH AREA CODE			STREET ADDRESS			CITY STATE ZIP CODE		
NAME OF SPOUSE'S NEAREST RELATIVE			TELEPHONE WITH AREA CODE			STREET ADDRESS			CITY STATE ZIP CODE		
EMERGENCY CONTACT			WORK TELEPHONE			HOME TELEPHONE			STREET ADDRESS CITY, STATE, ZIP CODE		

THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND / OR STORE ALL CONTENTS OF THE DWELLING AND / OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT.

I AGREE TO THE ABOVE DISCLAIMER

I DISAGREE TO THE ABOVE DISCLAIMER

HOW DID YOU HEAR ABOUT OUR COMMUNITY? \_\_\_\_\_ I UNDERSTAND THAT I ACQUIRE NO RIGHTS IN THE APARTMENT UNTIL I SIGN THIS AGREEMENT AND SUBMIT A HOLDING FEE IN THE AMOUNT OF \$ \_\_\_\_\_ UPON APPROVAL OF TENANCY AND THE SIGNING OF AN APARTMENT RENTAL APPLICATION, THIS FEE WILL BE CREDITED AGAINST MY DEPOSIT. IN CONSIDERATION FOR LANDLORD HOLDINGS SAID APARTMENT AT THE ABOVE NAMED COMMUNITY, I HEREBY WAIVE ALL RIGHTS TO THE RETURN OF SAID HOLDING FEE AND SAID FEE SHALL BE RETAINED AS LIQUIDATED DAMAGES IN THE EVENT I DO NOT CHOOSE TO ENTER INTO THE AGREEMENT APPLIED FOR HEREIN. PURSUANT TO STATE AND FEDERAL FAIR CREDIT REPORTING ACTS, THIS IS TO INFORM YOU THAT AN INVESTIGATINO INVOLVING THE STATEMENTS MADE ON YOUR RENTAL APPLICATION FOR THE ABOVE MENTIONED APARTMENT COMMUNITY, AS WELL AS INQUIRIES REGARDING YOUR CHARACTER, GENERAL REPUTATION, MODE OF LIVING AND PERSONAL CHARACTERISTICS MAY BE INITIATED SHOULD YOUR APPLICATION BE DENIED YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION REPORTED. UPON WRITTEN REQUEST, YOU ARE ENTITLED TO A COMPLETE AND ACCURATE DISCLOSURE OF THE INVESTIGATION'S NATURE AND SCOPE AS WELL AS A WRITTEN SUMMARY OF YOUR RIGHTS AND REMEDIES UNDER THE FAIR CREDIT REPORTING ACT. INQUIRIES SHOULD BE DIRECTED TO THE U.D. REGISTRY P.O. BOX 9140, VAN NUYS, CA 91409.

I/WE CERTIFY THAT, TO THE BEST OF MY / OUR KNOWLEDGE, ALL STATEMENTS ARE TRUE AND COMPLETE. I / WE AUTHORIZE THE U.D. REGISTRY TO OBTAIN ALL REPORTS AND VERIFICATIONS NECESSARY TO VERIFY ALL INFORMATION PUT FORTH IN THE ABOVE APPLICATION AND TO FURNISH ALL INFORMATION TO THE LANDLORD NAMED ABOVE. FALSE, FRAUDULENT OR MIDLEADING INFORMATINO MAY BE GROUNDS FOR NDENIAL OF TENENCY OR SUBSEQUENT EVICTION. NON REFUNDABLE APPLICATION FEE PAID ON THIS DATE \$ \_\_\_\_\_.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
 APPLICANTS SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
 AGENT FOR THE OWNER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_