Application Da	ate: _		/_	/_					REM	T	AL AP	PL	.ICA	TION
Preferred Move-In Date:/						,				fields must be completed***				
ADDI TOANT	DET	ATIC												
APPLICANT First Name	DE I	A1L5				M: d d	la Tnii		<u> </u>	T.,	act Nama			
riist ivairie					'	Middle Initial				Lo	Last Name			
SSN					[	DOB				D	DL/ID			State
Phone					E	Email Address								
EMPLOYMEN	ит н	ISTO	R	Y										
				Curren	nt E	Employment					Previous Employment			
Company														
Job Title / Responsibilities														
Supervisor														
Supervisor Phone	9													
Wages \$					Per Month			\$	-			<u>Month</u>		
Dates of Employr	nent	Start:					End:			Star	t:		End:	
<b>OTHER SOU</b>	RCE	S OF	M	ONTHL	<b>Y</b> :	ENC	COM	ΙE						
	Yes	or No		Amo	ount	t		L			Yes or No	)	Am	ount
Social Security			\$					'	Unemploym	nent		\$		
Disability \$			\$					Alimony/Chi Support			ild			
VEHICLE IN	FOR	MATI	[0	N										
Make					Model						Year			
License Plate				Co	Color						State			
BANK REFER	RENC	CES												
Bank Name Type o			Type of	f Ac	Acct (Checking, Savings etc)			ıs,	Current Balance					
										\$				
										\$				
CREDIT/OU	TST/	ANDI	N	G DEBT	Γ									
Creditor Name Type (			(CCRD, e, Car Lo	CRD, Student, ar Loans, Medical Bills)				Monthly Payment			Total Balance			
					-				\$			\$		
								\$				\$ <b>\$</b>		

EXPENSES								
	Company	Type (Cell phone, Car Insurance,	Mon					

Company	Type (Cell phone, Car Insurance, Furniture Rental, etc.)	Monthly Payment
		\$
		\$

						1			
						\$			
						\$			
		REFEREN	CE (No Relatives)		EMER	GENCY CONTACT			
Name									
Phone									
Address									
RENTAL	HISTORY	7							
		C	urrent Residence		Previous Residence				
Address									
City, State	e, ZIP								
Monthly R	ent								
Landlord N	Name								
Landlord F	Phone								
Reason fo	r Moving								
Dates of R	Residency	From:	To:		From:	To:			
ADDITIO	ONAL INF	0.							
Do you sm	noke? □ Yes	□ No	Do you have pets? □ Yes	□ No	If yes, what kin	nd?			
Have you	applied for o	r have you be	en granted a housing sub	sidy (i.	e. Section 8) ?	□ Yes □ No			
Do you ha	ve a felony o	conviction?	Yes □ No Date:	<i></i>	/ What for	?			
Have you	ever been ev	victed?   Yes	□ No Date:/	_/	Why?				
If you wer	e unable to	pay rent perso	onally, how would you pro	cure fu	nds to pay? Fro	om whom would you borrow?			
Have you	had any sigr	ificant probler	ns with a landlord in the p	oast? If	so, please expl	lain.			
			ere anything negative on y						
Do you red	ceive Food S	tamps? In wh	nat amount (monthly)? _						

## AGREEMENT AND AUTHORIZATION

By signing this agreement: I declare that all of my responses are true and complete. False statements or inaccurate information may lead to the rejection of my application and/or immediate termination of my lease and further legal action. I authorize Landlord/Owner to verify this information and obtain my Credit Report at any time during the application period or lease period. I further authorize credit reporting agencies, banks, and past or present employers and landlords to verify or provide Landlord/Owner with any and all information requested. All copies of statements and/or documents submitted or obtained in connection with this rental application will have full force and effect as though it were the original document. I have read and understand all information and statements.

Signature:	Date:	/	/