Community _____ AGENT: Apt. # _____ Rate _____

Today's Date _____ Date Required _____ Amount Paid _____

PERSONAL

Applicant's Name _____ Date of Birth _____

Social Security No. _____ Married ❑ Single ❑

Co-Applicant's Name _____ Date of Birth _____

Social Security No. _____ Current Home Phone (____)_____

Names, ages and relationship of anyone else who will occupy the apartment: _____

Applicant's E-mail: _____ Co-Applicant's E-mail _____

RESIDENCE

Current Address _____
No. Street City State Zip Code

( ) Rent ( ) Own ( ) Live with family or friend ( ) Other_____ Dates: From _____ To _____

Apartment or Landlord's Name: _____ Amount: _____

Apartment or Landlord's Phone: _____
Name City State

Reason for Moving _____

Former Address_____
No. Street City State Zip Code

( ) Rent ( ) Own ( ) Live with family or friend ( ) Other_____ Dates: From _____ To _____

Apartment or Landlord's Name: _____ Amount: _____

Apartment or Landlord's Phone: _____ Reason for Moving _____

EMPLOYMENT

Applicant's Employer _____ Supervisor _____

Employer's Address/Location _____ Phone# (_____) _____

Position Held _____ Date of Hire _____ Salary $ _____ Per _____

Previous Employer _____ Supervisor _____

Employer's Address/Location _____ Phone# (_____) _____

Position Held _____ Date of Hire _____ Salary $ _____ Per _____

Co-Applicant's Employer_____ Supervisor _____

Employer's Address/Location _____ Phone# (_____) _____

Position Held _____ Date of Hire _____ Salary $ _____ Per _____

GENERAL INFORMATION

STOP!!! DID YOU COMPLETE THE RESIDENCE HISTORY? _____YES _____ NO EMPLOYMENT HISTORY _____YES ____NO

IF YOU ANSWERED NO, WE CANNOT PROCESS YOUR APPLICATION

Bank Name/Location _____ Phone# (_____) _____

Savings Acct. _____ Regular Checking _____

Pets(s) _____ Type(s) _____ Weight(s) _____ Age(s) _____

Vehicles: We do not allow vehicles without permission. Vehicles not approved in writing may be towed away at the owner's expense.

1. Make_____ Year _____ Color _____ License# _____ State _____

2. Make_____ Year _____ Color _____ License# _____ State _____

Has applicant, spouse or any other proposed resident ever:

Filed for bankruptcy No ❑ Yes ❑ _____

Been evicted from tenancy No ❑ Yes ❑ _____

Been convicted of a felony No ❑ Yes ❑ _____

Comments: _____

In case of emergency contact: _____ Relationship _____

Home Phone_____ Work Phone _____

Address_____ City_____ State _____ Zip_____

I hereby authorize Complete Screening, Inc, its employees and agents, to take any and all actions necessary to verify the contents of this application. I understand that such actions may include but are not limited to, a credit report, verification of employment, past rental history, police and criminal records. I will hold Complete Screening, Inc., its employees and agents harmless from liability for the accurate reporting of such information to the management and/or owners. I certify that all information provided by me is true, correct, and complete and I understand that any misrepresentation or omission is cause for the management and/or owners to reject or decline this application and/or terminate any lease based on this application. IMPORTANT NOTICE: It is understood and agreed that the security deposit will be FORFEITED if I/we cancel this application after 48 hours of signing.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Leasing Agent: _____ Date: _____

Complete Screening Inc
Background Consent Form

In connection with my application for a rental/lease (the "Landlord") may request background records on me from Complete Screening Inc (CSI). I understand that these reports may include social security trace, credit bureau reports, criminal background searches, department of motor vehicle records, sex offender registries and other governmental public record sources. By signing below I give my consent and authorization to this landlord and any agency contacted in connection with this application to obtain the investigative reports as listed above. I release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to the Landlord and/or Complete Screening Inc information that they may request pursuant to this release. A photo or faxed copy of this release will act as the original and shall be valid for this and any future reports or updates that may be requested by the Landlord in connection with my application.

Signature _____Date_____

Print Name _____

Please print legibly. Information that we are unable to read could result in a delay in the application verification process.

Social Security Number _____Date of Birth _____

Driver's License Number _____State of Issue_____

Present Address_____

City State Zip _____

Previous Address _____

City State Zip _____

Have you ever been arrested or convicted of a felony/misdemeanor? ❒Yes ❒ No

If so, where did the arrest/conviction take place? _____

Please provide details regarding the arrest and/or conviction: _____

_____

_____

_____