ı Applicant Information (use separate form for each applicant) Name Address City _____State ____ Zip____ Phone No. (Home)_____ (Work)_____ (Cell)_____ Social Security # Your Date of Birth: Month_____ Day____ Year____ Drivers' License No Do you have any pets _____ No birds, ferrets, or reptiles allowed. Dogs / cats permitted with separate pet agreement only (requires pet deposit) II Rental History/ Bank Information Name of Current Landlord______ Phone number of current landlord______ How long have you lived there_____ Current Rent _____ Prior Address: Prior Landlord _____ How long did you live there_____ Bank Branch Account No______ Year Opened_____ Checking Acct Savings Acct Credit Card Ш Other Information Employer Name ______ Address _____ Phone: Wage Job Title_____how long there____

Vehicle 1	Make	Model	Year
	Is this vehicle Owned	Owned w/payments	Leased
	Name(s) on title:		
IV AUT	THORIZATIONS (\$ 30.00) per applicant)	
I / We authoriz	te landlord or its agent to perform	an investigation and obtain a tenar	nt & criminal record report
records, bank I/We further au mortgages, lar PghRedDoorP obtain is to be authorization. has my author Should I defau and address a Privacy Ac whether you quas required an approval as a lis authorized b 12 USC, Sectio	accounts, stockholdings, and any athorize a consumer credit report addord references, and release or propertyManagment may to further a used in the processing of my app. This authorization expires 120 day ization to check credit every 90 day ization experience 120 day izatio	to be used by the agency collecting under its program. It will not be dis to provide this information, but it may be delayed or rejected. The A); by	ded to process my application. including past and present n on and the information it / they py of this form will also serve as ghRedDoorPropertyManagment nine my improvement history. norization to verify my employer, it or its assignees in determining closed outside the agency except if you do not your application for information requested in this form
I / We will NO	tand the fee for this process is T receive a copy of the report(s ad and fully understand the info		ur authorizations.
Signature		Social Security#	Date
Signature		Social Security#	Date