AMERICAN APARTMENT OWNERS ASSOCIATION Property Address	APPLICATIO	N TO RENT	□ TEN	NANT City		GUARA State	NTOR/CO- Zip	SIGNOR			
Troperty Addres			PERSOI	NAL INFORMATIO			zıp				
☐ Mr. ☐ M	rs. Marit a	al Status: 🗌 Mar				Divorce	ed 🗌 Wido	owed Separated			
First Name:	Mother's Maiden Name:										
Middle Name:	Driver's License # & State:										
Last Name:	Social Security Number:										
AKA /Nickname:				 Email	Address:	_					
Home Phone:()	Cell Phone:()		Work:()	Fax:()			
Date of Birth: MM/DD/YYYY / /											
OTHER PROP	OSED OCCUPANTS	(Including Minors) AL				MUST COM	PLETE A SEPAF	RATE APPLICATION			
First Name	National and Association		s in the S	State of Ohio: SKIP THI		-1 C t N	le constante	Data of Birth			
First Name	Middle Initial	Last Name		Relationship	Socia	al Security N	lumber	Date of Birth			
			ADDRES	SS HISTORY (10 Year	·c)						
Current Addres		Unit #									
City			State	Zip Code			Country				
From I	l To		_	Monthly Paym							
				monemy raym	icing iteme	Phone:	/ \				
Landlord/Manag Reason for leavi	·	<u> </u>				Phone.	()				
PreviousAddress	 S				Unit	#	☐ Own	Rent			
City			State_	Zip Code		C	country				
From I	I To			Monthly Paym	ent/Renta	al Amoun	t <u>\$</u>				
Landlord/Manag Reason for leavi		·				Phone:	()				
PreviousAddress	S				Unit	#	□ Own	☐ Rent			
City			State_	Zip Code		c	country				
From I	l To	1 1		Monthly Paym	ent/Renta	al Amoun	t \$				
Landlord/Manag Reason for leavi		:				Phone:	()				

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Color

Color

Lic.#

Lic.#

Weight:

State

State

Year

Year

Auto Make

Auto Make_

Pets Number & Type:

Model

Model

FINANCIAL INFORMATION (Use extra sheet if necessary)												
NAME OF CREDITOR		ACCOUNT NUMBER	MONTHLY PAYMENT	BALANCE	BALANCE DUE							
NAME OF BANK BRANCH		ACCOUNT NUMBER	TYPE OF ACCOUNT	ACCOUNT BALANCE								
PERSONAL REFERENCES AND RELATIVES												
NAME	RELATIONSHIP	ADDRESS	5	PHONE	KNOWN SINCE							
EMERGENCY CONTACT												
EMPLOYMENT INFORMATION (Last 10 Years)												
Current Employer: Address:												
City	State2	Zip Code	Position or Title:									
Employed Since	l Month	ly Gross Income \$										
Supervisor Name:		Phone: <u>()</u>	Verify Emp	oloyment: ()							
Previous Employer:		Addr	ress:									
City	State2	Zip Code	Position or Title:									
Employed From I	To	l I Mon	thly Gross Income \$									
Supervisor Name:		Phone: ()	Verify Emp	oloyment: ()							
Have you ever: ☐ Been Convicted of a Crime? ☐ Been Evicted? ☐ Filed for Bankruptcy? ☐ Broken a Lease?												
Applicant represents that states												
limited to credit checks, criminal checks, unlawful detainer checks, telecheck and agrees to furnish additional credit references upon request. Applicant agrees to pay for said which is a part of the application process and is charge for the administrative costs of application consideration.												
Applicant Signature			Date	Time								
We do business in accordance	with the FEDERAL F	AIR HOUSING LAW (The	Fair Housing Amendmen	its Act of 1988)	. It is illegal to							
We do business in accordance with the FEDERAL FAIR HOUSING LAW (The Fair Housing Amendments Act of 1988). It is illegal to												

discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination by calling the U.S. Department of Housing and Urban Development. 1-800-669-9777

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