



**OFFICE USE ONLY:**

Apt No. \_\_\_\_\_ Apt Type \_\_\_\_\_  
Occup. Date \_\_\_\_\_ Term Date \_\_\_\_\_

**Application for Occupancy**

Today's Date \_\_\_\_\_

**IMPORTANT: Each co-resident must submit separate applications.**

**PERSONAL INFORMATION**

Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No \_\_\_\_\_  
First Middle Last

Marital Status \_\_\_\_\_ Driver License No \_\_\_\_\_ State \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No \_\_\_\_\_  
First Middle Last

Driver License No \_\_\_\_\_ State \_\_\_\_\_

**Other Occupants**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Do you own pets? \_\_\_\_\_ If yes, type (breed) \_\_\_\_\_ Size/Weight \_\_\_\_\_

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime? \_\_\_\_\_ If Yes, Provide detailed explanation. (Use reverse side of this application)

**RESIDENT HISTORY**

Present Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ To/From \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Reason For Moving \_\_\_\_\_

Previous Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To/From \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Landlord's Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Reason For Moving \_\_\_\_\_

Have you and/or the co-applicant(s) ever been evicted from any property? \_\_\_\_\_ If Yes, Provide detailed explanation. (Use reverse side of this application)

**EMPLOYMENT HISTORY**

Applicant  
Present employer \_\_\_\_\_ Date of employment \_\_\_\_\_

Address \_\_\_\_\_ Gross monthly salary \$ \_\_\_\_\_

Human Resources Department Phone Number (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_

If less than five (5) years at present employer  
Previous employer \_\_\_\_\_ Dates of employment (to / from) \_\_\_\_\_

Address \_\_\_\_\_ Gross monthly salary \$ \_\_\_\_\_

Human Resources Department Phone Number (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_

Co-Applicant  
Present employer \_\_\_\_\_ Date of employment \_\_\_\_\_

Address \_\_\_\_\_ Gross monthly salary \$ \_\_\_\_\_

Human Resources Department Phone Number (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_

If less than five (5) years at present employer  
Previous employer \_\_\_\_\_ Dates of employment (to / from) \_\_\_\_\_

Address \_\_\_\_\_ Gross monthly salary \$ \_\_\_\_\_

Human Resources Department Phone Number (\_\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_

**PERSONAL REFERENCES**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**BANKING INFORMATION**

Account No \_\_\_\_\_ Account type \_\_\_\_\_ Bank Name and Branch \_\_\_\_\_  
Account No \_\_\_\_\_ Account type \_\_\_\_\_ Bank Name and Branch \_\_\_\_\_  
Account No \_\_\_\_\_ Account type \_\_\_\_\_ Bank Name and Branch \_\_\_\_\_

**EMERGENCY CONTACTS INFORMATION**

Name \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name \_\_\_\_\_ Phone No \_\_\_\_\_ Relationship: \_\_\_\_\_

**VEHICLES**

Year \_\_\_\_\_ Make \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

Applicant(s) has submitted the sum of \$ \_\_\_\_\_, which is non-refundable payment for the processing of this application.

In connection with this application for occupancy for a dwelling with \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit reports, and other background checks. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

**Authorization**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: United Screening Services, Corp.(name) ("Agency"), P.O. Box 55-9046, Miami, FL. 33255-9046 (address), telephone number (305) 774-1711 or (800) 731-2139, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.unitedscreening.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

Are you a service member as defined by s. 250.01, Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_  
The term "service member" is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the **Summary of Rights** \_\_\_\_\_ (initials).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_