

Rental Application

Better Homes Property Management, LLC

Mailing address: P.O. Box 601, Jamestown ND 58402 Office: 306 2nd Ave SW,
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Website: www.BetterHomesJamestownND.com

Equal Housing Opportunity

Applying for: Address _____ Apt: _____

Preferred Move-In Date _____ # of Bedrooms: _____ Rental Amount \$ _____ Deposit Amount \$ _____

Pet Information

Do you have or plan on bringing Pets onto the Property? _____ If yes, how many? _____ What Type(s)? _____
For all **Therapeutic/Service Animals** you must provide a **Reasonable Accommodation Form**.

General Information :

Applicants Full Name _____ Social Security # _____ - _____ - _____ Date of Birth ____/____/____ AGE _____

Current Address _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Co-Applicants Cell Phone: _____ Alternate Phone: _____

Email Address: _____ Alternative Email Address: _____

Does any member in the household smoke? Yes No Will you have a vehicle on property? Make/Model _____

Are you of legal age (18 or older) to enter a binding contract? **(Yes) or (No)**

Please list additional occupants below: Social Security Numbers required for everyone over 18.

<u>Full Name</u>	<u>Social Security Number</u>	<u>D.O.B</u>	<u>Age</u>	<u>Sex</u>	<u>Relation to you</u>
1.) _____	_____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____	_____
4.) _____	_____	_____	_____	_____	_____
5.) _____	_____	_____	_____	_____	_____

List all Past Places, Landlord(s), and phone number(s), you have resided in the past seven years, please use additional paper if needed:

Current Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____ Do you: Own /Rent Reason for Leaving: _____

Landlord/Mortgage Name: _____ Contact Phone # _____ Monthly Rent/Mgt \$ _____

Previous Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____ Do you: Own /Rent Reason for Leaving: _____

Landlord/Mortgage Name: _____ Contact Phone # _____ Monthly Rent/Mgt \$ _____

Past Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____ Do you: Own /Rent Reason for Leaving: _____

Landlord/Mortgage Name: _____ Contact Phone # _____ Monthly Rent/Mgt \$ _____

Past Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____ Do you: Own /Rent Reason for Leaving: _____

Landlord/Mortgage Name: _____ Contact Phone # _____ Monthly Rent/Mgt \$ _____

Other Sources of Income/ Employment:

Current Employer: _____ Position: _____ Gross Monthly Earnings \$ _____
Start Date: _____ Employer Phone Number _____ Employer Address _____
Other Sources of Income: _____ Earnings \$ _____ per month
Other Sources of Income: _____ Earnings \$ _____

Personal References: You must provide **TWO** Personal References, cannot be anyone in the household or anyone listed as an Emergency Contact

Name _____ Phone # _____ How long have you known? _____
Name _____ Phone # _____ How long have you known? _____

Emergency Contact Information: Emergency Contacts cannot be anyone listed in the household or anyone listed as a personal reference.

1) Contacts Name _____ Phone # _____
Full Address: _____ Relationship to you _____
2) Contacts Name _____ Phone # _____
Full Address: _____ Relationship to you _____

Have you or any in your household:

Filed for bankruptcy or intending to? (Yes) or (No)
Been served with an eviction notice or been asked to vacate a property? (Yes) or (No)
Willfully or intentionally refused to pay for rent? (Yes) or (No)
Required to register as a sex offender? (Yes) or (No)
Convicted of a felony crime, drug related offense, or misdemeanor? (Yes) or (No)
In What City/State were you convicted in? _____ Year: _____
Please list all- _____ Criminal Backgrounds will be checked!
If you answered yes to any of the above questions please explain: _____

Release of Information

I or We, the undersigned understand that Better Homes Property Management, LLC is the Leasing Agent and Representative for the Owner/Landlord and that the leasing Agent’s fees will be paid by the Owner/Landlord. I or We, declare that the information in this application is true and correct. ***I or We hereby authorize Better Homes Property Management, LLC employees or agents to conduct employment verification, criminal checks, utility information checks, and to check and verify your “Personal References” you have listed. Furthermore, I or We, authorize all parties contacted to release information that is requested to process my application.*** I or We also understand that any false information provided may result in rejection of your application or immediate termination of your lease agreement.

X _____ Date: _____ X _____ Date: _____
Applicant Signature **Applicant Signature:**

Application Received by:
Better Homes Property Management, LLC Employee: _____ Date: _____ Time: _____ a.m / p.m.

Office Use Only

Application has been (Approved) or (Denied) by: _____ Employee of Better Homes Property Mgmt, LLC
Verification Income/Employment: _____
Rental History _____
Criminal Background Checks _____
Personal References _____