

Applying for:	App	lying	for:
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PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK ONLY!
Failure to complete application in full will result in a processing delay!
Please be certain that ALL applicants sign the authorization form on next page.
Applications will NOT be processed without authorization form.

Social Security #:	-	Applicant's Name:					
Current Address: Number Street City State Zip Code Landlord's Name: Landlord's Phone:	OF	Social Security #:	Social Security #: D/O/B:				
Current Address: Number Street City State Zip Code Landlord's Name: Landlord's Phone:	RMA	Applicant Driver's Licen	se #:		State:		
Current Address: Number Street City State Zip Code Landlord's Name: Landlord's Phone:	NFO	Phone #:		Email:			
Current Address: Number Street City State Zip Code Landlord's Name: Landlord's Phone:	NALI	Names, ages, and relati	onships of any	one else who will occ	cupy the residence:		
Current Address: Number Street City State Zip Code Landlord's Name: Landlord's Phone:	RSOI						
Number Street City State Zip Code Landlord's Name: Landlord's Phone:	H						
Number Street City State Zip Code Landlord's Name: Landlord's Phone:							
Landlord's Name: Landlord's Phone:		Current Address:					
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Dates of Residence: Amount of rent paid: Previous Address: Number Street City State Zip Code Landlord's Name: Landlord's Phone: Dates of Residence: Amount of rent paid:	_	Landlord's Name:	Landlord's Phone:				
Previous Address: Number Street City State Zip Code	NOIT	Dates of Residence:	Amount of rent paid:				
Number Street City State Zip Code Landlord's Name: Landlord's Phone: Dates of Residence: Amount of rent paid:	RMA	Previous Address:					
Landlord's Name: Landlord's Phone: Dates of Residence: Amount of rent paid:	FIAL INFOR						
Dates of Residence: Amount of rent paid:		Landlord's Name:			_ Landlord's Phone:		
<u> </u>	IDEN.	Dates of Residence:	: Amount of rent paid:				
-	RES						
Previous Address: City Chate 7in Code							
Number Street City State Zip Code Landlord's Name: Landlord's Phone:				·			
Dates of Residence: Amount of rent paid:							
7 thouse of tent paid.		Butes of Residence.		711			
Applicant's Employer: Position:	ENT	Applicant's Employer: _			Position:		
Employer Address/Location: Salary:	OYM	Employer Address/Locat	tion:		Salary:		
	MPL						
Supervisor: Phone: Date of Hire:	ш	Supervisor:		Pnone:	Date of	Hire:	
Pet: (Y) (N) Type(s):Weight(s):Age(s):	NO	Pet: (Y) (N) Type(s):		Weight(s):		Age(s):	
Fmorgancy Contact: (1)	MISC. INFORMATION	Emorganov Contact: (1)					
Emergency Contact: (1) Name Phone# Complete Address Relationship	FOR	Emergency contact. (1)					
Emergency Contact: (1)	S.	Emergency Contact: (1)			·	Relationship	
Name Phone# Complete Address Relationship	MISC	, , , , , , , , , , , , , , , , , , , ,				Relationship	



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When submitting your application, please bring the following for each applicant:

- Photo ID
- Social Security Card
- Current Pay Stub
- Money Order (\$50.00/adult)

^{*}Any missing documentation will result in a processing delay.



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Authority for Release of Information

In connection with my application for rental property and in accordance with state and federal laws, I authorize Lighthouse Management to obtain and/or investigate any and all information, including that of a confidential or privileged nature. This includes, but is not limited to, current and previous rental information, current and previous employment information with salary, personal reference information, a consumer credit report, criminal records, banking information, and any other information requested. These requests may include information concerning my character along with ability to pay rent. I understand that a third-party consumer reporting agency is being used to investigate this information, and therefore, consent to the release of information to this agency.

Intending to be legally bound hereby, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested. Photocopies of this authorization carry the same authority as the original.

I understand I have the right to make a request of the Consumer Reporting Agency upon proper identification to provide the information in its files on me at the time of my request. I further authorize the ongoing procurement of the above-mentioned reports at any time during my tenancy.

Full printed name of applicant:	
Full printed name of co-applicant:	
Signature of applicant	Date