## FOR RENTAL INFORMATION: www.fri-rentals.com

RENTAL APPLICATION: Pr	int legibly in blue or bla	ck ink; do not leave blanks; do not use pencil	
Rental Unit Desired:	Date of Move-In:		
Last Name:	First:	Middle:	
Social Security Number:	Date of Birth:		
Driver's License #:	State Issued:		
Cell #:	Land Line:	Work #:	
Primary e-mail (MUST BE LEGI	BLE):		
NAME & RELATIONSHIP OF I	EVERY PERSON TO LIV	TE WITH YOU:	
information cannot be process current and previous Landloro	ed. You must provide pl ls.	e: Applications without current and valid contact none numbers and e-mail addresses for your ate, zip):	
From:To:	Reason for L	eaving?	
Own/Rent: \$	monthly rent/me	ortgage; my share is: \$	
Name: Current Property Compa	ıy/Owner/Manager:		
Email:	<b>Phone</b> #:		
PREVIOUS ADDRESS: (include	apt. #, street address, city, st	tate, zip):	
Own/Rent: \$	/month; my monthly share of rent: \$		
Previous Property Company/Own	ner/Manager:		
E-mail:	Phone #:		
EMPLOYMENT INFORMATIO	N (2 years preferred):		
Current Employer:	· · · · · · · · · · · · · · · · · · ·	Supervisor's Name:	
E-Mail:		Phone Number:	
	<u>-</u>	Gross Monthly Salary:	
Previous Employer:		Supervisor's Name:	
E-Mail:		Phone Number:	
How Long?		Gross Monthly Salary:	

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(cont.) NAME OF APPLICANT:	· · · · · · · · · · · · · · · · · · ·			
PERSONAL REFERENCE: Must be someone other t	han your ro	oommate, landlord, employer or relative		
Name:		Relationship:		
Full Address:		email:		
Phone #:		Work #:		
EMERGENCY NOTIFICATION: (Name of closest Ro	elative: Note	if you are a student or are still receiving financial		
support from parents, please give contact information for	both parents	s and their complete mailing addresses and phone		
numbers):				
NAME:	em	nail:		
USPS Mail:				
Phone #:				
NAME:	ema	nil:		
USPS Mail:				
Phone #:		Work #:		
Banking Information:				
Checking Account #: Bank	Name:	Phone#:		
Savings Account #: Bank	Name:	Phone#:		
PLEASE ANSWER IN FULL: I have an automobile or				
If YES, list License State/Plate number:	Yr,	Color, Make Model:		
1. Do you or any of your fellow applicants have animals	of any kind?	YES/NO; If YES, please list per type:		
2. Do you or any of your fellow applicants smoke? YES/3. Have you (or your spouse if applicable), been delinque YES/NO. If yes, explain:		nt of your rent or any other financial obligation?		
3. Have you ever been convicted of a felony? YES/NO. I	f yes, explain	n:		
4. Have you ever been a defendant in an unlawful detained obligation of a rental agreement or lease? YES/NO. If yes				
5. Have you ever defaulted on a mortgage or withheld rent payment for any reason? YES/NO. If yes, please explain:				
6. Have you ever been cited by Law Enforcement for noi	se complaint	s or received a DUI? YES/NO. If yes, explain:		
CERIFICATION: I certify the information contained he deemed factual to the best of my ability. I authorize the rethat the Agent(s) of Fountain Ridge Investments may contread the Sample Lease, Lead Paint Discloures, EPA Pampage SIGNATURE (FULL NAME OF APPLICANT):  DATE:  ATTACHED (YES/NO) REM	elease of all duct a refere phlet, and Po	background/credit information contained herein so ence/background/credit check. I certify to having		

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If you are a student still receiving financial aide from parent or guardian, this page must be filled out and returned to Fountain Ridge Investments within 2 weeks of signing lease.

As co-guarantor, be advised that I,		
guarantee payment of rent for my child:		
who will be living at:		
	moking of any kind either inside or within 20 feet of property	
boundaries nor does it allow pets of any kind. The	e terms of the lease are that each person on the lease is joint	
and severally responsible for rent payment.		
The monthly rent is: \$		
A Security Deposit of \$	_( 2x Rent) is required at the time the lease is signed.	
My personal information:		
State Driver's License: #	State:	
Date of Birth:		
Home Address:		
Home Phone:	Business Phone:	
Email:		
	Monthly Income:	
Business Address:		
Supervisor:	Supervisor Phone:	
Position:	Length of Employment:	
You have my permission to verify this informat	tion	
Print Name:	Date:	
Signature:		
Relationship:		