APPLICATION TO RENT

1

Examined picture identi RENT, DEPOSIT, A	(of the type a reviously account it is available a	and in the area) th					
# of units available # of applications pr If left blank, at least one uni Examined picture identi RENT, DEPOSIT, A	(of the type a reviously account it is available a	and in the area) th					
RENT, DEPOSIT, A	ification? 🗖 🗅	and no previously ac	ng under consideration cepted applications curre		e been accep		
DEPOSITS MAY INCREA			Other Deposit: \$ ORE OF OWNER/AGENT'S SCREENING CRITERIA.				
nterested Party. If Tenant(s) con	nbined househol r own insurance	d income falls at or be	low 50% of the median for t	num of \$100,000 liability coverage the area, Renter's Insurance may runce is to be required. Owner/Age	not be required	. Owner/Agent is	
Owner/Agent may charoccurs within one year: Swaste, garbage, rubbish Owner/Agent may charviolations that occur as eof issuance of written wowner/Agent may charassessed for repeat violation within one year.	or \$35 plus and case fee not to rge the followings for 2 no or other wasterge a fee for keep arring. Fee no arring. Fee for stations that occur of issuance of the case of the	exceed 1-1/2 times ing non-compliance d violation, and \$50 e. 2. Parking violation eeping on the premius after the effective to exceed \$250 pt moking/vaping in the cur as early as 24 hof written warning.	pank. Is the monthly rent, or act to be fees after first giving a plus 5% of current rent ion or other improper us ises an unauthorized pet to date of written warninger violation. It is a clearly designated not now after the effective	capable of causing damage. g notice, and for each subsection-smoking/vaping unit or are date of a written warning n	itial violation on. 1. Failure Fee may be quent violation of the pre	n if noncompliance to clean up animal assessed for repeat on within one year mises. Fee may be	
PERSONAL INFOR							
Applicant Name:	First	Middle	Last	Telephone: (
Email Address:				Cellular Number: ()		
S.S. #:	·	Birth Date:	Driver's l	icense, State and #:			
d) Current Address: _			City:	State:	Zi	p:	
Since:	Why are y	you moving?	Pent Amount \$	Telephone: (
2) Previous Address: _			City:	State:	Zi	p:	
From	_ to	Why did y	ou move?	State:			
Previous Landlord:			C:4	Telephone: ()	<u> </u>	
B) Previous Address: From	to	Why did v	City: zou move?	State:	Zıp	:	
Previous Landlord:				Telephone: ()		
				No Filed Bankruptcy? ☐ lease explain:			
f your service or compa	nion animal	requires a reason	nable accommodation	please inquire with Own	ner/Agent.		
				Ever injured anyone or d			
Animal #2 - Type:		Size:	Weight:	Ever injured anyone or d	lamaged anyt	hing? Li Yes Li No	
	ED/IIC ==		outstanding past due pa				

EMPLOYMENT/INCOME

	How Long?					
	Telep Take home pay (per month): \$					
	_	_				
2) Previous Employer:						
Supervisor: Job Title:	Take home pa	v (per month): \$	releptione. (Full-time Part-time		
Other Income (per month): \$ Sour						
Other Income (per month): \$Sour						
REFERENCES			1	,		
1) Relative:			Telephone: () -		
2) Emergency Contact:			-			
3) Personal Reference:)		
PERSONAL PROPERTY						
Automobile: Make	Model	Year	License #	State		
2) Automobile: Make	Model	Year	License #	State		
3) Other: Vehicles/Boats	_ Model	Year	License #	State		
Do you own the following: Trampoline? □Yes □No	o Water-filled fu	rniture? □Yes □N	o Fish Tank or	Aquarium? □Yes □No		
MEMBERS OF HOUSEHOLD				-		
APPLICANT SCREENING CHARGE D 1) Owner/Agent may obtain a credit report, or a tenant scr a) Credit history including credit report; b) Public records, including but not limited to judgme c) Current obligations and credit ratings; and/or d) Criminal records or other information verification. 2) Owner/Agent is requiring payment of an Applicant Screening	reening report which g	d status of collection		less the Owner/Agent		
does not screen the applicant. This application is valid for u	ip to 60 days from dat	e of receipt by Owner	:/Agent.			
 Any charges imposed upon Owner/Agent by a Homeov association, may be passed through to the Tenant(s) for pay 			yone who moves into	or out of a unit within the		
4) If the mail receptacle associated with the dwelling unit the re-keying of the box should a key not be provided by the						
Incomplete applications will not be accepted. Inability to vernay result in denial of application or termination of tenance				n of false information		
I certify the above information is correct and complete and sary to evaluate my tenancy and credit standing (including, screening charge, I acknowledge receiving a copy of and/or pute the accuracy of any information provided to the Owne	but not limited to cre r reading Owner/Ager	dit reports). If Owner at's Screening Guideli	Agent is requiring panes. I understand that	ayment of an applicant		
No marijuana, medical or otherwise, may be grown, sto	ored or consumed on		ıt the nuion whiten			
		the premises withou	it the prior written	consent of Owner/Agent.		
Applicant		the premises withou	Date	consent of Owner/Agent.		



