

Akt Property Management Rental Application				
<i>Applicant Information</i>				
Name:		DL#	State:	
Date Birth:	SSN:	Phone:		
Current Address:				
City:		State:	ZIP:	
(1) Own	Rent	Monthly payment or rent:		How long?
Previous Address:				
City:		State:	ZIP:	
(2) Owned	Rented	Monthly payment or rent:		How long?
<i>Employment Information</i>				
Current Employer:				
Employer Address:				How long?
Phone:		E-mail:	Fax:	
City:		State:	ZIP:	
Position:	Hourly	Salary (Please circle)	Annual Income:	
Previous Employer:				
Address:				How long?
Phone:		E-mail:	Fax:	
City:		State:	ZIP:	
Position:	Hourly	Salary (Please circle)	Annual Income:	
Name of a relative not residing with you:				
Address:				
City:		State:	ZIP:	Phone:
Relationship:				
<i>Co-Applicant Information, if for a joint account</i>				
Name:		DL#	State:	
Date Birth:	SSN:	Phone:		
Current Address:				
City:		State:	ZIP:	
(1) Own	Rent	Monthly payment or rent:		How long?
Previous Address:				
City:		State:	ZIP:	
(2) Owned	Rented	Monthly payment or rent:		How long?
<i>Employment Information</i>				
Current Employer:				
Employer Address:				How long?
Phone:		E-mail:	Fax:	
City:		State:	ZIP:	
Position:	Hourly	Salary (Please circle)	Annual Income:	
Previous Employer:				
Address:				
Phone:		E-mail:	Fax:	
City:		State:	ZIP:	
Position:	Hourly	Salary (Please circle)	Annual Income:	
Name of a relative not residing with you:				

Akt Property Management Rental Application			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			
Credit References			
Lender's Name	Account No.	Current Balance	Monthly Payment
Have you ever been convicted of a felony? Yes or No If Yes please explain:			
Have you even been evicted from a property? Yes or No If Yes please explain			
(1) Current Landlord Information			
Name		Phone Number	
Address		How Rent was Paid: (Check Money Order Cash)	
(2) Previous Landlord Information			
Name		Phone Number	
Address		How Rent was Paid: (Check Money Order Cash)	
Other Assets or Sources of Income			
Description		Amount per Month or Value	
Automobiles used by the Tenant			
Year	Make	Model	Name on Title
Children Living in the house for more that 20 days			
Name	Age	Relationship	
I authorize the AKT to verify and re-verify the information provided on this form as to my credit and employment history; either directly or through a credit reporting agency or from any source named in this application. Akt it's successors and assigns will rely on information contained in the application and I/we certify that the information provided in this application is true and correct as of the date set forth by my/our signatures below. I understand that any intentional or negligent misrepresentations of information contained in this application may result in termination of the lease and/or other remedies allowed by law. In addition I understand that in the event that my/our lease payments become delinquent, Akt, it's agents, successors and assigns can exercise legal rights and remedies as well as reporting my/our names and pay history to credit reporting agencies.			
Signature of Applicant			Date
Signature of Co-Applicant, if for joint account			Date

*Please return completed application with \$35 application fee for ea. Adult to:
Akt Property Management 865 Tower Dr. (432) 296-1599 or 866-721-4222 fax*