

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:			

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Address:			
City:	State:	ZIP:	Phone:
Relationship:			
<i>Credit References</i>			
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			
<i>(1) Current Landlord Information</i>			
Name		Phone Number	
Address		How Rent was Paid: (Check Money Order Cash)	
<i>(2) Previous Landlord Information</i>			
Name		Phone Number	
Address		How Rent was Paid: (Check Money Order Cash)	
<i>Other Assets or Sources of Income</i>			
Description		Amount per Month or Value	
<i>Automobiles used by the Tenant</i>			
Year	Make	Model	Name on Title
<i>Children Living in the house for more that 20 days</i>			
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*