

**Allied Resident/Employee Screening
RENTAL APPLICATION
Each Roommate Must Submit A Separate Application**

Quick Check	Full Check	Rush
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Office Use	Management Company		Community Name		Agent's Name		Application Date	
Apt#	Roommate	Move In Date	Rental Amount	Deposit	Check Money Order			
Marital Status:		Single	Married	Divorced	Separated	Widowed		
Name: First	Last	Middle Initial	Maiden Name	Spouse only / Name: First	Last	Middle Initial	Maiden Name	
Present Phone	Date of Birth			Present Phone	Date of Birth			
Drivers License #	State			Drivers License #	State			
Social Security #	Sex:			Social Security #	Sex:			

Rental History Cannot Be Verified Until Written Notice Is Given									
Present Address:		Apt.#	Present Address		Apt.#				
City	State	Zip	City	State	Zip				
Community Name / Landlord or Mortgage Company			Community Name / Landlord or Mortgage Company						
Phone #	Move In Date	Move Out Date	Phone #	Move In Date	Move Out Date				
Loan #	Phone #	Rental Amount	Loan #	Phone #	Rental Amount				
Previous Address	Apt.#			Previous Address	Apt.#				
City	State	Zip	City	State	Zip				
Community Name / Landlord or Mortgage Company			Community Name / Landlord or Mortgage Company						
Phone #	Move In Date	Move Out Date	Phone #	Move In Date	Move Out Date				
Rental Amount		Rental Amount		Rental Amount					

Employment									
Present Employer		Phone #	Spouse: Present Employer		Phone #				
Supervisor	Phone #			Supervisor	Phone #				
Address			Address						
City	State	Zip	City	State	Zip				
Position	Date You Began	Date You Ended	Position	Date You Began	Date You Ended				
Monthly Gross Income		Monthly Gross Income		Monthly Gross Income					
Previous Employer		Phone #	Spouse: Previous Employer		Phone #				
Supervisor	Phone #			Supervisor	Phone #				
Address			Address						
City	State	Zip	City	State	Zip				
Position	Date You Began	Date You Ended	Position	Date You Began	Date You Ended				
Monthly Gross Income		Monthly Gross Income		Monthly Gross Income					

Credit									
Current or Latest Bank		Address		Current or Latest Bank		Address			
City	State	Zip	City	State	Zip				
American Express Visa MasterCard		Exp. Date	American Express Visa MasterCard		Exp. Date				

Your Rental/Criminal History									
In Case Of Emergency, Contact					Relationship				
The above person is <input type="checkbox"/> or is not <input type="checkbox"/> authorized to remove and store contents of dwelling mailbox in the event of serious illness or death of resident.									
<p>Have you, your spouse or any occupant listed on this application ever:</p> <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> broken a rental agreement? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been arrested for a felony or misdemeanor or sex-related crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision or pretrial diversion? <input type="checkbox"/> been arrested for a felony or misdemeanor sex-related crime that has not been resolved by any method? Please indicate the year, location and type of each felony, misdemeanor and sex-related crime other than those unresolved by dismissal or acquittal. We may need facts before making a decision. You represent the answer is "NO" to any item not checked above.									
Explanation: _____									

Personal Data									
Will you or other occupants have a pet?					Kind, Weight, Breed and Age				
List all occupants who will not sign lease									
Name	Sex	SS#	D.O.B.	DL or Govt. ID Card #	Name	Sex	SS#	D.O.B.	DL or Govt. ID Card #
List all vehicles to be parked on the premises by applicant, spouse or occupants (cars, trucks, recreational vehicles, motorcycles, boats).									
Type Vehicle	Year	License No.	State	Type Vehicle	Year	License No.	State		
Type Vehicle	Year	License No.	State	Type Vehicle	Year	License No.	State		

How did you hear about this community?		Why are you leasing?		Why are you leaving your present residence?	
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The undersigned person(s) represent that all the above statements are true and complete and hereby authorize verification through consumer reports, rental history, employment, criminal reports and any other means necessary to obtain information. Failure to answer any of the above information or inquiries shall entitle owner to reject this application. Falsification of information shall entitle owner to 1) reject application, 2) retain application fee and deposit as liquidated damages for time and expenses of processing the application, 3) terminate applicant's right to occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about lease obligation performance which may include both favorable and unfavorable information. Photocopy of this document is valid as the original.

Signature of Applicant	Date	Signature of Applicant	Date	Agent's Signature	Date
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Lease Information

Community Name		Apt. #		Apt. Type (Bedrooms, Baths)	
Apt. Street Address		City/State/Zip			
Name of Owner/Lessor (Management Co.)					
Name of All Resident(s) who will sign lease (inc. co-resident)					
Name of All Other Occupants who will not sign lease					
Name		Date of Birth		Date of Birth	
Total Number of Occupants		Permission must be obtained for guests staying longer than _____ days			

Starting Date Of Lease		Ending Date Of Lease			
Total Security Deposit \$	Total Monthly Rent \$	Other \$			
Re-Letting Fee \$	Prorated Rent for First Month \$	Pet Deposit/Rent (if any) \$			
Monthly Rental Due Date	Initial Late Charge \$	Daily Late Charge \$			
Return Check Charge \$	Daily Pet Violation Charge (if any) \$				
Resident(s) Move-Out must terminate lease <input type="checkbox"/> on last day on month following next rental due date (or) <input type="checkbox"/> on exact day designated in move-out notice but no sooner than 30 days after the notice.					

Special Conditions _____

Application Agreement

This is to be signed below by the owner, owner's agent and by all applicants. Each co-applicant (co-resident), except for spouses, must sign a separate application and application agreement.

- APPLICATION FEE (NOT REFUNDABLE).** Applicant has delivered to owner's representative an "application fee" on the amount indicated below which partially defrays the cost of administrative paperwork and it is not refundable.
- APPLICATION DEPOSIT (MAY OR MAY NOT BE REFUNDABLE).** In addition to the above application fee (if any), applicant has delivered to owner's representative an "application deposit" in the amount indicated below. **The application deposit is not a security deposit at this time.** Your application deposit will be credited to the required application deposit of all applicants can be retained by owner as liquidated damages and the parties will have no further obligations to each other. If your application is disapproved, the Application Deposit (but not the Application Fee) will be returned to you.
- APPLICATION DEPOSIT CREDITED TO SECURITY DEPOSIT AND NON-REFUNDABLE RECONDITIONING FEE:** In the event that this application is acceptable to Owner & Applicant meets all other conditions of occupancy and executes an Apartment lease Contract with Owner, as and when required by Owner, \$_____ of the Application Deposit shall be credited toward the security deposit identified in the Lease and \$_____ of the Application Deposit shall be credited toward a non-refundable reconditioning fee. Applicant agrees that the reconditioning fee is non-refundable, not part of the security deposit identified in the Lease and is automatically retained by the Owner when the Lease is executed without further notice or agreement.

Signature of Applicant _____ Date _____

Signature of Applicant's Spouse _____ Date _____

Agent's Signature _____ Date _____

Applicant and Co-Resident's were informed of acceptance _____	_____ or rejection
on the date of _____	
Names of specific persons informed _____	
Acceptance or rejection was relayed in person _____	
or by letter _____	
Agent who informed applicant and co-residents _____	