

# APPLICATION TO RENT Revised 8/1/2015

Please print clearly - Illegible information may cause delays in processing your application

<b>COMMUNITY RENTAL INFORMATION</b>	Community: _____ Apt #: _____ Rent \$: _____ Date Desired: _____ Apt Size: _____ Specials/Concessions: _____ Housing Voucher Y/ N _____ <b>This section for Office use only</b> How did applicant hear about our property? _____
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Main Applicant \_\_\_\_\_ Co-Signer \_\_\_\_\_ Add-On Roommate \_\_\_\_\_ List: \_\_\_\_\_  
 If applying with other roommates, that are not existing residents, please list their names: \_\_\_\_\_  
**ALL ADULTS must fill out a separate Application and pay a separate Screening Fee**

<b>Applicant Information</b>	Name: _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 200px;">First</small> <small style="margin-left: 100px;">Middle</small> Social Security Number: _____ - _____ - _____ Birth Date: _____ Driver's License #: _____ State of Issue: _____ Phone: (____) _____ E-mail address: _____ Have you gone by any other names ? YES NO (Please circle one) If yes, please list: _____ Race/Ethnicity (may choose not to disclose): _____ Married: <b>Yes</b> <b>No</b>
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**Other Occupants – Please list any minor children who will be residing in the unit and include date of birth:** \_\_\_\_\_  
 \_\_\_\_\_

Automobile Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
 License Plate Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Deceased Tenant/Emergency Contact (Not Residing in Apt): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ Permission for Emergency contact to enter in emergency: YES \_\_\_\_\_ NO \_\_\_\_\_

**CRIMINAL CRITERIA**

**PLEASE CIRCLE THE APPROPRIATE ANSWER ON THE FOLLOWING QUESTIONS:**

**Applicant:** Have you ever been convicted of a crime? **Yes** **No** Do you have any pending or outstanding warrants or charges? **Yes** **No**

**Other occupant(s):** Have you ever been convicted of a crime? **Yes** **No** Do you have any pending or outstanding warrants or charges? **Yes** **No**

**IF ANY OCCUPANT ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, THE FOLLOWING MUST BE COMPLETED:**

1) What, specifically, were you charged with? \_\_\_\_\_ 2) Was it a felony or misdemeanor? \_\_\_\_\_  
 3) What Class: A, B or C? \_\_\_\_\_ 4) How did you plea? \_\_\_\_\_ 5) What was your exact conviction/sentencing or parole date, whichever is later? \_\_\_\_\_

<b>RESIDENCE HISTORY</b>	IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE ALL INFORMATION IS CORRECT AND COMPLETE. MISSING OR INCOMPLETE INFORMATION IS GROUNDS FOR REJECTION. <b>WE MUST HAVE TWO (2) YEARS OF CONSECUTIVE RENTAL HISTORY DISCLOSED.</b>
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CURRENT ADDRESS	PREVIOUS ADDRESS	FORMER ADDRESS
Street Number _____ Name _____ Apt# _____	Street Number _____ Name _____ Apt# _____	Street Number _____ Name _____ Apt# _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
<b>Check one of the following:</b> Rent _____ Mortgage/Own _____ No rent paid _____	<b>Check one of the following:</b> Rent _____ Mortgage/Own _____ No rent paid _____	<b>Check one of the following:</b> Rent _____ Mortgage/Own _____ No rent paid _____
If Rented, amount of Rent Paid: \$ _____	If Rented, amount of Rent Paid: \$ _____	If Rented, amount of Rent Paid: \$ _____
Moved In: _____ Moved Out: _____	Moved In: _____ Moved Out: _____	Moved In: _____ Moved Out: _____
Reason for leaving: _____	Reason for leaving: _____	Reason for leaving: _____
<b>Landlord's Information:</b> Name: _____ Ph:(____) _____	<b>Landlord's Information:</b> Name: _____ Ph:(____) _____	<b>Landlord's Information:</b> Name: _____ Ph:(____) _____

<b>EMPLOYMENT HISTORY</b>	EMPLOYMENT HISTORY MUST BE COMPLETE AND ACCURATE IN ORDER TO VERIFY INCOME. PLEASE LIST PHONE NUMBER OF PERSON TO VERIFY EMPLOYMENT. PRESENT EMPLOYER PHYSICAL ADDRESS REQUIRED.
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PRESENT EMPLOYER	PREVIOUS EMPLOYER	FORMER EMPLOYER
_____	_____	_____
Name and Address of Company or Employer	Name and Address of Company or Employer	Name and Address of Company or Employer
Phone#:(____)	Phone#:(____)	Phone#:(____)
Position: _____	Position: _____	Position: _____
Gross <b>Monthly</b> Earnings: \$ _____	Gross <b>Monthly</b> Earnings: \$ _____	Gross <b>Monthly</b> Earnings: \$ _____
Start Date: _____	Start Date: _____ End: _____	Start Date: _____ End: _____

Other Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_ How to Verify: \_\_\_\_\_

<b>MISCELLANEOUS INFORMATION</b>	Do you have any pets or do you intend to get any pets? YES NO Type: _____ Breed: _____ Color: _____ Size: _____ Age: _____ Name: _____ Have you ever been evicted or do you currently owe a landlord money? YES NO If yes, when: _____ Amount \$ _____ Have you filed for bankruptcy within the past 10 years? YES NO If yes, we will need the Discharge or Dismissed papers (whichever applicable). Are you now or will you be in the next year a Full Time Student? YES NO If yes, number of credit hours: _____
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I (we) declare the information given on this application to be true under penalty of perjury. Applicants hereby grant permission to the Owner/Manager and/or agents and A.P.M. Inc. to obtain credit reports and any other information necessary to verify all information on this application. I (we) agree that no other person or persons except the above named will occupy the subject premises at any time without the written consent of the Manager. I (we) further agree that all adults residing in the premises are jointly and severally liable for all rent and damage incurred during the term of occupancy. I (we) understand I (we) acquire no rights to this rental unit until an agreement is signed in the form submitted to me, and a security deposit is paid. All adult tenants must sign the Rental Agreement. I (we) also understand that if I (we) do not rent and have paid a security deposit it will be withheld for liquidating damages. If Management declines to accept this application, and I (we) have paid the security deposit, it will be refunded in full following a 7 day hold. Applicant(s) agrees to pay a Non-Refundable application processing fee and all applicable administration fees.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_