



Application for Occupancy (Page 1)

Property Information

Property Name _____ Unit Type _____ Rent \$ _____
Leasing Rep _____ Move-In Date _____ Co-Signer for _____

Applicant Information

Single Married

Last Name _____ First _____ Middle _____

Maiden or Former Names _____

SSN (Social Security Number) _____ Date of Birth _____

Email Address _____ Cell Phone _____

Daytime Phone _____ Evening Phone _____

Roommates? Yes No Name of Roommates _____

SPOUSE Last Name _____ First _____ Middle _____

Maiden or Former Names _____

SSN (Social Security Number) _____ Date of Birth _____

Residential Information – Include information for the last 3 years. Use 2nd page if needed.

PRESENT Rent Own Family Dates There _____ Rent \$ _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

PRIOR Rent Own Family Dates There _____ Rent \$ _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

OTHER Rent Own Family Dates There _____ Rent \$ _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Apartment/Landlord Name _____ Phone _____

Employment and Income Information

Employer _____ Position _____ Monthly Income \$ _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Supervisor Phone _____

SPOUSE Employer _____ Position _____ Monthly Income \$ _____

Address _____ City _____ State _____ Zip _____

Start Date _____ Supervisor Name _____ Supervisor Phone _____

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OTHER INCOME

Source of Income _____ Monthly Income \$ _____

Applicant Information (Please enter again in case Page 1 and Page 2 get separated)

Last Name _____ First _____ SSN _____

Additional Information

Have you ever willingly refused to pay rent? _____ If so, to whom and why? _____

Have you ever been evicted? _____ If so, to whom and why? _____

Have you ever been arrested or convicted of a crime? ___ If so, where, when and what was the charge? _____

Emergency Contact _____ Relationship _____ Phone _____

Character Reference _____ Relationship _____ Phone _____

Character Reference _____ Relationship _____ Phone _____

Driver's License # _____ State of Issue _____

Bank _____ Checking Acct # _____

Roommate Information - If you were on lease with other individual(s).

Name of Roommate(s) also on lease **Current Address** _____

Name of Roommate(s) also on lease **Prior Address** _____

Name of Roommate(s) also on lease **Other Address** _____

Failure to provide complete information, including daytime phone numbers for you and your references, will delay processing. **Incomplete applications will not be processed.**

This application must be signed by all adults who will occupy the apartment before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which may be required of applicant at the time the rental agreement is executed. If approved and the rental unit is held for applicant for more than ___ days, then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord. A non-refundable screening fee of \$_____ will be collected to process this application.

Application Fee \$_____ Deposit \$_____ Amount Paid \$_____ Amount Still Due \$_____

By signing, the applicant recognizes that an investigative report will be prepared whereby information is obtained from credit bureaus, landlords and employers, through interviews and public records. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application.



Applicant's Signature

Date

Spouse's Signature

Date



AAA SCREENING SERVICE

Credit, Civil and Criminal Records Waiver

I, _____, do hereby give full permission
(First Name - Middle Initial - Last Name)

to _____ and AAA Screening Service, Inc. to conduct a search
(Agent)

of my credit, criminal and DMV records. This form releases AAA Screening and above named Agent from any legal liability of reporting this information to the above named agent.

Maiden/Former Names

Counties/States in which I've resided

Drivers License Number

State Issued

Social Security Number

Date of Birth

Address – (Street, City, State & Zip)

(_____) _____ - _____

Phone

____/____/____
Date

Authorizing Signature