

LIST-Visual proof of Driver's License or State I.D. YES No I.D. Checked by: _____

CLIENT# _____

MANAGEMENT COMPANY	APARTMENT COMMUNITY	COMM CONTACT	COMM TELEPHONE #
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CRIMINAL CREDIT COMPREHENSIVE

NON-MARRIED COUPLES: Each person must submit a separate application. 1 FEE PER PERSON. MARRIED COUPLES: You may submit one application. One fee applies.
 ROOMMATES: Each roommate must fill out separate applications. One fee per application. CO-SIGNERS: Each party must fill out separate applications.

APPLICATION TO RENT APT # _____ MOVE IN DATE _____ RENT\$ _____ LEASE _____
 APPLICANT MARRIED APPLICANTS ROOMMATES COSIGNER EMP. CHECK

APPLICANT'S (LEGAL) LAST NAME, FIRST, MIDDLE	SSN#	BIRTHDATE	DRIVERS LICENSE#	DL STATE
SPOUSES (LEGAL) LAST NAME, FIRST, MIDDLE	SSN#	BIRTHDATE	DRIVERS LICENSE#	DL STATE
Other Persons to occupy Full Name	RELATIONSHIP & DOB	Other Persons to occupy Full Name	RELATIONSHIP & DOB	

RESIDENCE HISTORY

APPLICANT ADDRESS	CITY	STATE	FROM/TO	PHONE	PMT AMOUNT
PRESENT LANDLORD	MORTGAGE CO.	RELATIVE/FRIEND	OWN	PHONE #	PHONE #
	APT. COMMUNITY	EMP/CORP	RENT		
APPLICANT PREVIOUS ADDRESS	CITY	STATE	FROM/TO	PHONE	PMT AMOUNT
PREVIOUS LANDLORD	MORTGAGE CO.	RELATIVE/FRIEND	OWN	PHONE #	PHONE #
	APT. COMMUNITY	EMP/CORP	RENT		
SPOUSE ADDRESS	CITY	STATE	FROM/TO	PHONE	PMT AMOUNT
SPOUSE LANDLORD	MORTGAGE CO.	RELATIVE/FRIEND	OWN	PHONE #	PHONE #
	APT. COMMUNITY	EMP/CORP	RENT		

EMPLOYMENT HISTORY

APPLICANT EMPLOYED BY	MONTHLY SALARY	SUPERVISOR'S NAME	PHONE #	HOW LONG?
ADDRESS CITY STATE	OCCUPATION/DEPARTMENT	PREVIOUS IF LESS THAN 2 YEARS		
SPOUSE EMPLOYED BY	MONTHLY SALARY	SUPERVISOR'S NAME	PHONE #	HOW LONG?
ADDRESS CITY STATE	OCCUPATION/DEPARTMENT	PREVIOUS IF LESS THAN 2 YEARS		

BANK REFERENCE

BANK NAME	BRANCH	CONTACT NAME	PHONE #	CHECKING	SAVINGS
BANK NAME	BRANCH	CONTACT NAME	PHONE #	CHECKING	SAVINGS

IMPORTANT INFORMATION

NEAREST RELATIVE	RELATIONSHIP	ADDRESS CITY STATE	ZIP	PHONE#
EMERGENCY CONTACT	RELATIONSHIP	ADDRESS CITY STATE	ZIP	PHONE#
PERSONAL REFERENCE	RELATIONSHIP	ADDRESS CITY STATE	ZIP	PHONE#

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO

IF YES CITY _____ STATE _____ OFFENSE _____

ARE YOU OR ANYONE ELSE RESIDING HERE REQUIRED TO REGISTER AS A SEX OFFENDER? YES/NO

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT OR PREVIOUS LANDLORD? YES/NO

IF YES CITY _____ STATE _____ APT NAME _____

In compliance with the fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application and your character, general reputation and rental history. By signing this application, you authorize Choice Point Screen Now to obtain credit reports, rental and employment verification, bank information and character information as necessary. Choice Point/Screen Now is authorized to release any and all information obtained during the screening process to landlord or agents. Applicant has the right to dispute the accuracy of information obtained during the screening process. If the application is denied because of credit, applicant may obtain a copy of the credit report from the credit reporting agency.

APPLICANT UNDERSTANDS THAT HE/SHE/WE ACQUIRES NO RIGHTS IN AN APARTMENT UNTIL A DEPOSIT IN THE OF \$ _____ HAS BEEN PAID. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, you will forfeit your Non-Refundable Process Fee of \$ _____ and the remainder of your deposit will be returned. If the application is accepted and the applicant chooses not to occupy the unit being held, the applicant forfeits the holding deposit and no portion of it shall be returned. If your application is accepted your holding deposit will be applied to your lease deposit.

I/WE CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE ALL STATEMENTS ARE TRUE AND COMPLETE. FALSE, FRAUDULENT OR MISLEADING INFORMATION MAY BE GROUNDS FOR DENIAL OF TENANCY OR SUBSEQUENT EVICTION.

Non-Refundable Process Fee\$ _____ CK/MO# _____

Applicant Signature

CO-Applicant Signature

Landlord Signature

Date

