

### Application Criteria

There is a \$30 non-refundable application fee. Before applying please understand that serious consideration will be given to the following:

Financial resources; the cost of the applicants housing should not exceed 25-35% of his/her financial resources. Costs include rent, utilities and renters insurance

Confirmation of present job security and income; inquiry will be made with the employer

Rental history (if applicable); inquiry will be made to past landlords

Status of a current credit report; an inquiry will be performed on each applicant

No less that a one-year lease commitment will be considered

In addition, the non-smoking and no pets policy for all properties firmly applies to all residents and their guests

Upon signing a residential lease, the first month's rent plus the applicable security deposit are required

### APPLICATION FOR TENANCY

*Please Print or Type*

Address of Premises: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Applicant #1		
Last Name:	First Name:	Mid:
Social Security #:	Driver's Lic. #:	
Home Phone #:	Work Phone #:	Birth Date:
Present Street Address:		Apt. #:
City:	State:	Zip:
Dates You Lived at This Address: From _____ To _____		Were you evicted?
Landlord's Name:		Phone:
Previous Street Address:		Apt. #:
City:	State:	Zip:
How long did you live at this address?		Were you evicted?
Current Employer:		How Long Employed?:
Contact Person:		Phone:
Gross Monthly Wages: \$ _____	You Are Paid?: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Other Monthly Income:	How Much : \$ _____	
Primary Bank: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		
Credit References: 1).	Phone:	
2).	Phone:	
Nearest Relatives or Friends (for emergency purposes):		
Name:	Phone:	
Name:	Phone:	

Applicant #2 (Complete only if you will be signing the lease.)		
Last Name:	First Name:	Mid:
Social Security #:	Driver's Lic. #:	
Home Phone #:	Work Phone #:	Birth Date:
Present Street Address:		Apt. #:
City:	State:	Zip:
How long did you live at this address?		Were you evicted?
Landlord's Name:		Phone:
Previous Street Address:		Apt. #:
City:	State:	Zip:
How long did you live at this address?		Were you evicted?
Current Employer:		How Long Employed?:
Contact Person:		Phone:
Gross Monthly Wages: \$ _____	You Are Paid?: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Other Monthly Income:	How Much : \$ _____	
Primary Bank:		
Credit References:	Phone:	
Relationship to Applicant #1:		

Names of Others Who Will Be Living with Applicant #1		
1). Last Name:	First Name:	Mid:
Social Security #:	Driver's Lic. #:	
2). Last Name:	First Name:	Mid:
Social Security #:	Driver's Lic. #:	
3). Last Name:	First Name:	Mid:
Social Security #:	Driver's Lic. #:	

**Other Information**

How many bedrooms will you need? \_\_\_\_\_

Do you, or do you intend to have: **Pets**  Yes  No **Waterbeds**  Yes  No **Motorcycles**  Yes  No

The application fee is \$ \_\_\_\_\_ and is non-refundable. I hereby authorize the landlord to verify any and all information on this application, criminal report and/or on a credit report. I/We, the undersigned, authorize Rental Property Owners Association (RPOA) to obtain resident screening information from Merchant Service Bureau/CBC Companies, other Credit Bureau or screening service, which MAY include credit history, rental history, criminal history, sexual offender history and terrorist information.

Signature of Applicant #1 \_\_\_\_\_ Signature of Applicant #2 \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_