

Received from applicant(s) the sum of \$ \_\_\_\_\_ dollars to pay for cost the Owner/Agent will incur for completing history report on applicant(s). This advance cost is non-refundable and is not a deposit.

# ASI

Approved

Disapproved

FOR OFFICE USE ONLY

APARTMENT NO. _____	RENT \$ _____	DEPOSIT \$ _____	MOVE IN DATE _____
TYPE OF APARTMENT DESIRED _____			

(IN ORDER FOR US TO PROCESS YOUR APPLICATION QUICKLY, ALL QUESTIONS MUST BE ANSWERED)

APPLICANT'S NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MARRIED ( ) SINGLE ( ) DIVORCED ( ) SEPARATED ( )

SPOUSE'S NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_

NAME AND AGES OF CHILDREN \_\_\_\_\_

NAME AND AGE OF ANYONE ELSE WHO WILL OCCUPY THE APARTMENT AND RELATIONSHIP TO APPLICANT: \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELE. NO. \_\_\_\_\_ HOW LONG \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF APT. \_\_\_\_\_ RENT AMOUNT \_\_\_\_\_ TELE. NO. \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELE. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ NAME OF APT. \_\_\_\_\_

EMPLOYER-APPLICANT'S \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELE. NO. \_\_\_\_\_ POSITION \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER HR. ( ) WK. ( ) MO. ( ) HIRE DATE \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELE. NO. \_\_\_\_\_ POSITION \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER HR. ( ) WK. ( ) MO. ( ) HIRE DATE \_\_\_\_\_

PETS: NUMBER \_\_\_\_\_ TYPE(S) \_\_\_\_\_ WEIGHT(S) \_\_\_\_\_ AGE(S) \_\_\_\_\_

HOW LONG OWNED \_\_\_\_\_ COLOR(S) \_\_\_\_\_ HOUSE BROKEN YES ( ) NO ( )

1. NAME OF BANK \_\_\_\_\_ BRANCH \_\_\_\_\_ A/C NO. \_\_\_\_\_ CK. ( ) SAV. ( )

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_

HAS APPLICANT, SPOUSE OR ANY OTHER PROPOSED RESIDENT, EVER:

BEEN EVICTED FROM TENANCY? NO  YES  BEEN CONVICTED OF A FELONY? NO  YES

FILED FOR BANKRUPTCY? NO  YES  DATE FILED \_\_\_\_\_ TYPE \_\_\_\_\_

CREDIT REFERENCES (LOCAL REFERENCE PREFERRED)

1. \_\_\_\_\_ A/C NO. \_\_\_\_\_ TELE. NO. \_\_\_\_\_

2. \_\_\_\_\_ A/C NO. \_\_\_\_\_ TELE. NO. \_\_\_\_\_

3. \_\_\_\_\_ A/C NO. \_\_\_\_\_ TELE. NO. \_\_\_\_\_

I selected this apartment because: ( ) paper ad ( ) sign ( ) radio ( ) drive by ( ) referred by \_\_\_\_\_

CHARACTER REFERENCES:

1. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELE. NO. \_\_\_\_\_

2. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELE. NO. \_\_\_\_\_

VEHICLES: WE DO NOT ALLOW VEHICLES WITHOUT WRITTEN PERMISSION. VEHICLES NOT APPROVED IN WRITING MAY BE TOWED AWAY AT OWNER'S EXPENSE.

1. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

2. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

DRIVER'S LICENSE NOS. - APPLICANT'S \_\_\_\_\_ SPOUSE'S \_\_\_\_\_ STATE \_\_\_\_\_

IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE NOTIFY:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ TELE. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

I hereby authorize the ASI, to make any necessary investigation as to the contents that are contained in this application. I understand that this investigation may include, but not limited to, a credit report, verification of employment, past rental history, and police records. I, therefore, consent to this investigation, and I certify that all stated facts are true, and it is understood that any misrepresentation or omission is cause for the management and/or owners to reject this application and/or terminate the lease.

\*(IMPORTANT NOTICE) It is also understood and agreed that the security deposit will be FORFEITED if I/we cancel this application after (72) hours of signing.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED BY \_\_\_\_\_ DATE \_\_\_\_\_