

MANAGER'S , LIST - Visual proof of Drivers License or State I.D. & Social Security # YES NO

MANAGEMENT CO.	COMMUNITY NAME	CONTACT NAME	TELEPHONE #	FAX #
<input type="checkbox"/> CO-SIGNER				
<input type="checkbox"/> W/ CURRENT TENANT				
<input type="checkbox"/> MOVE IN SPECIAL				
<input type="checkbox"/> OTHER				

APARTMENT # _____ RENT \$ _____ MOVE IN DATE _____

APPLICATION TO RENT

IN THE EVENT OF CO-TENANTS OTHER THAN SPOUSE, INCLUDING INDIVIDUALS 18 OR OLDER, USE SEPARATE FORMS FOR EACH APPLICANT.

APPLICANT'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #
SPOUSE'S Last Name	First	Middle	Birthdate	Driver's License # and State	Soc. Sec. #
Names and ages of other occupants				Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Do you have waterbed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT RESIDENCE

APPLICANT'S Present Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone () ()	Monthly Payment \$
Name of <input type="checkbox"/> Present Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone () ()	Landlord Night Phone () ()	
Why are you vacating your current residence?							

PREVIOUS RESIDENCE

APPLICANT'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone () ()	Landlord Night Phone () ()	
SPOUSE'S Previous Street Address (include apt #)	City	State	Zip	Move-In Date ____ Mo. ____ Yr.	Move-Out Date ____ Mo. ____ Yr.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Monthly Payment \$
Name of <input type="checkbox"/> Previous Landlord <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other(Specify)					Landlord Day Phone () ()	Landlord Night Phone () ()	

EMPLOYMENT HISTORY

APPLICANT Employed By	Supervisor's Name / C. O.	Hire Date ____ Mo. ____ Yr.
Address	City	State
	Zip	Phone () ()
	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
APPLICANT Previous Employment		
Supervisor's Name / C. O.		Hire & Term. Dates
Address	City	State
	Zip	Phone () ()
	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
SPOUSE Employed By		
Supervisor's Name / C. O.		Hire Date ____ Mo. ____ Yr.
Address	City	State
	Zip	Phone () ()
	Position Held	Salary per <input type="checkbox"/> Mo. <input type="checkbox"/> Hr.
ADDITIONAL INCOME SOURCE	Amount	Frequency
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CREDIT & LOAN REFERENCES

Auto #1(Make & Model)	License Plate	State	Monthly Payment \$	Auto #2(Make & Model)	License Plate	State	Monthly Payment \$
Bank or Savings and Loan	Branch	Savings Account #	Checking Account #				

ADDITIONAL INFORMATION

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	Phone () ()
Name of SPOUSE'S Nearest Relative	Relationship	Address	City	State	Zip	Phone () ()
Emergency Contact	Relationship	Address	City	State	Zip	Phone () ()
Have you ever filed for bankruptcy?			Describe:			
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____						
Has an eviction ever been filed against you?			State/County			
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			Describe:			
Have you ever pleaded guilty to, been convicted of, or have pending against you, a criminal charge?			State/County			
Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			Describe:			

NON-REFUNDABLE APPLICANT(S) SCREENING CHARGE \$ _____

I understand I acquire no rights to a rental unit until I sign a rental agreement. If my residency is approved and I sign a rental agreement and pay all rents, fees, and deposits the holding fee of \$ _____ which I submitted shall be credited to my first month's rent and/or security deposit. If my residency is approved, but I do not sign a rental agreement then this fee shall be forfeit to the landlord as liquidated damages for holding the rental unit at _____. If residency is not approved, the holding fee shall be returned. I understand that according to state and federal laws I have the right to dispute the accuracy of information provided by the owner/landlord/agent disclosed above and upon written request the right to an accurate disclosure of the nature and scope of the investigation and/or a written summary of my rights under the FCRA. I further authorize Bemrose Consulting to obtain credit reports, character reports, verification of rental, employment, and criminal history as necessary to verify all information put forth in the above referenced application process. False, fraudulent, or misleading information may be grounds for denial of tenancy or subsequent eviction. I am also aware that an incomplete application causes a delay in processing and may result in denial of residency. I understand that a NON-REFUNDABLE APPLICATION FEE of \$ _____ made payable to _____ will be charged for processing each applicant.

Signed _____ Applicant Signed _____ Spouse Dated _____
 Signed _____ Landlord Title _____ Dated _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.



Bemrose Consulting

Application Fees Paid By Credit Card

Name: (As it appears on card) _____

Address: (As it appears on our account) _____

Card Number: _____

Expiration Date: _____ / _____
Month Year

Please Charge My Card \$47.00 (\$45.00 Application Fee PLUS \$2.00 Service Fee)

Signature: _____

Date Signed: _____