| PERSONAL INFORMA              | <u>TION</u>             |                      |                                       |  |  |
|-------------------------------|-------------------------|----------------------|---------------------------------------|--|--|
| <u>Applicant</u>              |                         |                      |                                       |  |  |
| Full Name:                    | ne: SSN#                |                      |                                       |  |  |
| Date of Birth:                | f Birth: Phone Number:  |                      | Cell Number:                          |  |  |
| Driver's License #            | State                   | Date Issued          | Expiration Date                       |  |  |
| Email Address:                |                         | <del></del>          |                                       |  |  |
| Present Address:              |                         |                      |                                       |  |  |
| Length of Time at Present A   | ddress: F               | Present Landlord: (i | f applicable)                         |  |  |
| Landlord Phone Number:        | R                       | eason for Leaving:   |                                       |  |  |
| Amount of Rent (if applicable | e):                     | Is your pro          | esent rent up to date? Yes No         |  |  |
| Have you given current Land   | lord notice you are     | moving: Yes No       |                                       |  |  |
| Previous Address:             |                         |                      |                                       |  |  |
| Length of Time: Prev          | vious Landlord:         | Phor                 | ne Number:                            |  |  |
| Do you smoke?                 | Do you                  | ı have pets?         | <del></del>                           |  |  |
| Current Employer:             |                         | _ Occupation:        | Hours/Week:                           |  |  |
| Employer Address:             |                         |                      |                                       |  |  |
| Supervisor:                   | Phone                   | #:                   | Years Employed:                       |  |  |
| Gross Monthly Income:         |                         |                      |                                       |  |  |
| Other Monthly Income:         | 8                       | Source               |                                       |  |  |
| Former Employer:              | rmer Employer: Address: |                      |                                       |  |  |
| Phone #: Years Employed:      |                         |                      |                                       |  |  |
| Reason for Leaving:           |                         |                      | · · · · · · · · · · · · · · · · · · · |  |  |
| Co-Applicant                  |                         |                      |                                       |  |  |
| Full Name:                    | Name: SSN#              |                      |                                       |  |  |
| Date of Birth:                | Phone Number: _         |                      | Cell Number:                          |  |  |
| Driver's License #            | State                   | Date Issued          | Expiration Date                       |  |  |
| Email Address:                |                         |                      |                                       |  |  |
| Present Address:              |                         |                      | <del></del>                           |  |  |

| Length of Time at Present Ac  | ldress: F             | Present Landlord:                       | (if applicab                          | le)             |  |
|-------------------------------|-----------------------|---|---------------------------------------|-----------------|--|
| Landlord Phone Number:        | Reason for Leaving:   |   |                                       |                 |  |
| Amount of Rent (if applicable | ):                    | Is your present rent up to date? Yes No |                                       |                 |  |
| Have you given current Land   | ord notice you are    | moving: Yes N                           | 0                                     |                 |  |
| Previous Address:             |                       |   |                                       |                 |  |
| Length of Time: Prev          | ious Landlord:        | Ph                                      | one Numbe                             | er:             |  |
| Do you smoke?                 | Do you                | have pets?                              |                                       |                 |  |
| Current Employer:             |                       | Occupation:                             |                                       | Hours/Week:     |  |
| Employer Address:             |                       |   |                                       |                 |  |
| Supervisor:                   | Phone                 | <b>#</b> :                              |                                       | Years Employed: |  |
| Gross Monthly Income:         |                       |   |                                       |                 |  |
| Other Monthly Income:         | S                     | ource                                   |                                       |                 |  |
| Former Employer:              | Address:              |   | · · · · · · · · · · · · · · · · · · · |                 |  |
| Phone #:                      | Years E               | Employed:                               |                                       |                 |  |
| Reason for Leaving:           |                       |   |                                       |                 |  |
|                               |                       |   |                                       |                 |  |
| OTHER PROPOSED (              | OCCUPANT (S)          | <u> </u>                                |                                       |                 |  |
| Individuals listed be         | elow will be the only | individuals autho                       | orized to occ                         | cupy the unit.  |  |
| Name:                         | Relation              | onship:                                 |                                       | Age:            |  |
| Name:                         | Relationship:         |   |                                       | Age:            |  |
| Name:                         | Relationship:         |   |                                       | Age:            |  |
| Name:                         | Relationship:         |   |                                       | Age:            |  |
|                               |                       |   |                                       |                 |  |
| VEHICLE INFORMAT              | <u>ION</u>            |   |                                       |                 |  |
| Year: Make:                   |                       | Color:                                  | State:                                | Plate #:        |  |
| Year: Make:                   |                       |   |                                       |                 |  |
|                               |                       |   |                                       |                 |  |

| EMERGENCY INFORMATION                                 | <u>N</u>  |   |
|---|---|---|
| Emergency Contact:                                    | Relationship:   | Phone:  |
| Emergency Contact:                                    | Relationship:   | Phone:  |
| PERSONAL REFERENCE -                                  | (other than relatives)  |   |
| Personal Reference:                                   | Relationship:   | Phone:  |
| Address:  |   |   |
| 2. Personal Reference:                                | Relationship:   | Phone:  |
| Address:  |   |   |
| Monthly Debt Obligations                              |   |   |
| Total Monthly Debt Obligations: (N                    | Mortgages, Autos, Credit Card, 0  | Child Support, Misc) \$                                       |
| Primary Banking Location:                             | Total Amount in E   | Bank and Cash on Hand \$                                      |
| APPLICANT QUESTIONA                                   | IR/AUTHORIZATION  |   |
| Has applicant / co-applicant ever                     | r been brought to court by anoth  | ner landlord? ☐ Yes ☐ No                                      |
| If yes, explain                                       |   | <del>.</del>  |
| Has applicant / co-applicant ever                     | ·   |   |
| Do you have the total funds requ                      | uired to move in (First Month Rent, D   | Deposit)? Yes□ No □   |
| FALSE INFORMATION GIVEN OF THE APPLICATION OR TERMINA |   | F GROUNDS FOR REJECTION OF                                    |
| Authorization for Release of Inforn                   | nation  |   |
| owner, the above mentioned inform                     | ons and private information bureau<br>property owner to furnish any or all<br>ge all liability from all companies,<br>o, in good faith provide to prospec<br>mation as requested, in order to s | us or repositories) contacted by<br>Il of the above mentioned |
| Applicant   | Date Co-Applicar  | nt (if applicable must sign) Date                             |