

The Peterson Companies RENTAL APPLICATION for Residents and Occupants

(Each co-applicant and each occupant over 18 years old must submit a separate application. Spouses may submit a single application.)

Thank you for showing interest in our Community. Help us to speed your application processing by providing the following requested information on the front and back of this form *completely and accurately*. First, please answer this brief application survey:

Were you referred to our Community by a locator service? Yes No, If yes state agent's name & company:

Did a resident refer you? Yes No, If yes resident's Name: _____

If none of the previous apply, how did you first hear or come to know about this Community? (check all that apply)

- Newspaper ads, yellow pages, drive by/signs, Internet, Apartment Guide, For Rent Magazine, word of mouth,
 Other Apartment Community, other Peterson Community,
 other please explain: _____

APPLICANT INFORMATION AND RENTAL / HOUSING HISTORY

Please tell us about you and any previous rental / housing history. Please be sure to list your full name including middle initial

NAME: _____ Former last name: _____
(First) (Middle) (Last) (Exactly as on driver's license or government ID card)

Social Security #: _____ Birthdate: _____ Your sex: Male Female

Applicant's Status (Please check one): single married divorced widowed separated How long: _____

A. Present Address: _____ since: _____
Street Apt.# City State zip code

Home ph.#: _____ Cell phone/ Pager: _____ e-mail: _____

Current Landlord: _____ Ph.# _____ Contact name: _____

Current Rent: _____ Why are you moving: _____

B. Previous Address: _____ From: _____

To: _____

Previous Landlord: _____ Ph.: _____ Rent: _____

C. Any other rental history: _____ From: _____

To: _____

Landlord: _____ Ph.: _____ Rent: _____

Have you or persons to occupy the apartment been evicted, breached a rental agreement, or had a legal judgement rendered for damage to a rental property? Yes No (Please explain if yes)

Will you or any occupant plan to have a pet/animal during the occupancy? Yes No if yes; please state type, weight, & age:

(Handicap assistance animals used by persons with disabilities are not considered pets)

APPLICANT EMPLOYMENT AND INCOME

Present Employer: _____ Supervisor's name: _____

Address: _____ Phone: _____ Fax: _____

Position: _____ Start date: _____ Gross monthly income: _____

Previous employer: _____ Phone: _____ how long: _____

Do you have any other monthly income: Yes No. If yes please list source and amount:

SPOUSE INFORMATION

Name: _____ maiden name: _____
(First) (Middle) (Last) (If married less than 2 yr.)

Social Security #: _____ Birthdate: _____ Driver's license #: _____
(Or government ID card #)

Previous address (if different from spouse's above): _____

Previous Landlord: _____ Phone: _____
 Dates resided: _____ Rent amount: _____ Contact: _____
 Employer: _____ Address: _____
 Employer's Ph.: _____ Position: _____ Gross monthly salary: _____
 Supervisor: _____ Start Date: _____ Other monthly Income: Yes No
 If yes please list source and amount: _____

APPLICANT AND OCCUPANT CRIMINAL HISTORY

Have you or persons to occupy apartment been convicted of a felony or sex-related crime? Yes No

BANK REFERENCES

Bank Name: _____ Account # : _____
 Address: _____ Phone: _____ *Checking* *savings*
 since: _____
 Has you or your spouse ever owned a home? Yes No Have you or your spouse had any credit problems you wish to disclose at this time?
 (Please explain): _____

OTHER OCCUPANTS INFORMATION

Please list names, sex, age, and relationship of all persons less than 18 years of age and other adults who will be occupying apartment.

Full name: _____ Sex: _____ Age: _____ Relationship: _____
 Full name: _____ Sex: _____ Age: _____ Relationship: _____
 Full name: _____ Sex: _____ Age: _____ Relationship: _____
 Full name: _____ Sex: _____ Age: _____ Relationship: _____

VEHICLE INFORMATION

Please list all vehicles that will be parked on the premises by anyone living in the apartment. This includes cars, trucks, motorcycles, trailers, boats, etc.

Make/Model: _____ color: _____ year: _____ License #: _____
 Make/Model: _____ color: _____ year: _____ License #: _____
 Make/Model: _____ color: _____ year: _____ License #: _____

EMERGENCY CONTACT INFORMATION

Please provide an emergency contact person, over 18 years of age; which will not be living in the apartment.

Full name: _____ Relationship: _____
 Address: _____ Home phone: _____
 Work phone: _____ Cell phone: _____

