

Application for Occupancy

Please use only black or blue ink.

ACS Client Code (Required) : _____ Client Name: _____ Date: _____

OFFICE USE ONLY (REQUIRED) Unit #: _____ Rent Amount: \$ _____ Desired Date of Occupancy: _____

of Occupants: _____ Lease Term: _____ Agent First Name: _____ Signature: _____

Market Source: Apt Guide ___ / For Rent ___ / Newspaper ___ / Internet ___ / Drive By ___ / Locator ___ / Other _____

Type of App: Standard ___ / Student ___ / Co-Sign ___ / Section 8 ___ / Eld/Dis ___ / Occup. Only ___ / Market ___ / Other _____

If Co-sign app, Name of applicant co-signing for: _____ SSN _____ / _____ / _____

APPLICANT MUST COMPLETE ALL SECTIONS and SIGN (SELF and SPOUSE) OR DELAY / DENIAL WILL RESULT

Last Name: _____ First: _____ MI: _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____

Spouse: _____ First: _____ MI: _____ SSN: _____ / _____ / _____ Date of Birth: _____ - _____ - _____

Your Home Phone# (_____) _____ - _____ Your Work Phone# (_____) _____ - _____

Married? (Y/N) Maiden Name: _____ Pets? (Y/N) _____ If Yes, Describe Pet: _____ Weight: _____ lbs.

In Case of Emergency, Notify (Name): _____ Phone #: (_____) _____ - _____

ROOMMATE NAME(S) 1) _____ SSN: _____ / _____ / _____

2) _____ SSN: _____ / _____ / _____

RESIDENTIAL HISTORY **** INCLUDE AREA CODES / APT #S / ZIP CODES ****

1. Present Landlord/Property Name: _____ County: _____ Rent _____ Own _____

Your Address: _____ Apt. # _____ City,ST,Zip: _____

Landlord **Day** Phone: (_____) _____ - _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____ per Mo.

2. Previous Landlord/Property Name: _____ County: _____

Your Address: _____ Apt. # _____ City,ST,Zip: _____

Landlord **Day** Phone: (_____) _____ - _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____ per Mo.

3. Previous Landlord/Property Name: _____ County: _____

Your Address: _____ Apt. # _____ City,ST,Zip: _____

Landlord **Day** Phone: (_____) _____ - _____ Dates Rented/From: _____ To: _____ Rent Amt: \$ _____ per Mo.

EMPLOYMENT HISTORY / OTHER INCOME / FINANCIAL

1. Name of Employer: _____ Position: _____ From: _____ To: _____

Full Address: _____ Phone #: (_____) _____ - _____ Income: \$ _____ Per _____

2. Previous Employer: _____ Position: _____ From: _____ To: _____

Full Address: _____ Phone #: (_____) _____ - _____ Income: \$ _____ Per _____

3. Spouse or 2nd Employer: _____ Position: _____ From: _____ To: _____

Full Address: _____ Phone #: (_____) _____ - _____ Income: \$ _____ Per _____

4. Other Income: (Submit verification with application) List any SSI, Pension, Disability, or other income you wish to be considered.

Source: _____ Amount: \$ _____ Per Mo. Type of Income: _____

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GENERAL QUESTIONNAIRE - Answer all Questions

1. Have you ever been evicted? _____ If yes, Property/Landlord Name: _____ City/St. _____

2. Have you ever been convicted of a criminal offense? _____ If yes, Offense: _____ City/St. _____

3. Number of Cars: _____ A) Make: _____ Model: _____ Year: _____ Color: _____ Plate#: _____

B) Make: _____ Model: _____ Year: _____ Color: _____ Plate#: _____

4. Driver's License #: _____ Expiration: _____


5. Character Reference Name: _____ How Known: _____ Phone #: (_____) _____ - _____

FALSE STATEMENTS ** OR ** INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION

This application must be signed by all adults who will occupy the apartment before it can be considered by Landlord. Acceptance of this application, and any monies deposited herewith is not binding upon Landlord until approved by Landlord in writing. If approved, monies deposited with this application will be held as a reservation deposit to be either returned to applicant or credited toward any deposit which may be required of applicant at the time a rental agreement is secured. If approved and the rental unit is held for applicant for more than _____ day(s), then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord.

Non Refundable Processing Fee: \$ _____

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information reports will remain the property of ACS Data Search.

 I hereby grant this property and ACS Data Search the right to process this application for the purpose of obtaining a Rental / Lease Agreement with this property. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. An electronic, faxed or other copy of this authorization shall be as valid as the original.

X _____
Applicant Signature

X _____
Spouse Signature

Manager Initials: _____