

APPLICATION TO RENT rev 04/18/03

Please print clearly - Illegible information may cause delays in processing your application

COMMUNITY RENTAL INFORMATION	Community: _____ Apt #: _____ Rent \$: _____ Tenant Number: _____ Date Desired: _____ Specials/Concessions: _____ Housing Voucher \$ _____ This section for Office use only How did applicant hear about our property? _____
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If applying with other roommates, that are not existing tenants, please list their names: _____
 Add-on Roommate to existing tenant **ALL NON-MARRIED ADULTS must fill out a separate Application and pay a separate Screening Fee**

<p style="text-align: center;">MAIN APPLICANT</p> Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small> Driver's License #: _____ State of Issue: _____ Social Security Number: _____ - _____ - _____ Birth Date: _____ Phone: (____) _____ Have you gone by any other names? YES NO (Please circle one) If yes, please list: _____	<p style="text-align: center;">CO-APPLICANT (Spouse)</p> Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle Maiden </small> Drivers License #: _____ State of Issue: _____ Social Security #: _____ - _____ - _____ Birth Date: _____ Phone: (____) _____ Have you gone by any other names? YES NO (Please circle one) If yes, please list: _____
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Other Occupants – Please list any minor children who will be residing in the unit: _____

Automobile Make: _____ Model: _____ Year: _____ License Number: _____
 Automobile Make: _____ Model: _____ Year: _____ License Number: _____
 Emergency Contact: _____ Relationship: _____ Phone Number (____) _____

CRIMINAL CRITERIA

PLEASE CIRCLE THE APPROPRIATE ANSWER ON THE FOLLOWING QUESTIONS:

Applicant: Have you ever been convicted of a crime? **Yes No** Do you have any pending or outstanding warrants or charges? **Yes No**

Co-applicant: Have you ever been convicted of a crime? **Yes No** Do you have any pending or outstanding warrants or charges? **Yes No**

Other occupant(s): Have you ever been convicted of a crime? **Yes No** Do you have any pending or outstanding warrants or charges? **Yes No**

IF ANY OCCUPANT ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, THE FOLLOWING MUST BE COMPLETED:

1) What, specifically, were you charged with? _____ 2) Was it a felony or misdemeanor? _____
 3) What Class: A, B or C? _____ 4) How did you plea? _____ 5) What was your exact conviction/sentencing or parole date, whichever is later? _____

RESIDENCE HISTORY

IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE ALL INFORMATION IS CORRECT AND COMPLETE. MISSING OR INCOMPLETE INFORMATION IS GROUNDS FOR REJECTION. WE MUST HAVE TWO (2) YEARS OF CONSECUTIVE RENTAL HISTORY DISCLOSED.

CURRENT ADDRESS	PREVIOUS ADDRESS	FORMER ADDRESS
Street Number Name Apt#	Street Number Name Apt#	Street Number Name Apt#
City State Zip Code	City State Zip Code	City State Zip Code
Check one of the following: Rent ___ Mortgage/Own ___ No rent paid ___	Check one of the following: Rent ___ Mortgage/Own ___ No rent paid ___	Check one of the following: Rent ___ Mortgage/Own ___ No rent paid ___
Moved In: _____ Moved Out: _____	Moved In: _____ Moved Out: _____	Moved In: _____ Moved Out: _____
Landlord's Name: _____	Landlord's Name: _____	Landlord's Name: _____
Contact Phone # for Landlord and/or fax #: _____	Contact Phone # for Landlord and/or fax #: _____	Contact Phone # for Landlord and/or fax #: _____
Ph: (____) _____ Fax: (____) _____	Ph: (____) _____ Fax: (____) _____	Ph: (____) _____ Fax: (____) _____
Reason for leaving: _____	Reason for leaving: _____	Reason for leaving: _____

EMPLOYMENT HISTORY

INFORMATION ON EMPLOYMENT HISTORY MUST BE COMPLETE AND ACCURATE IN ORDER TO VERIFY INCOME. PLEASE LIST PHONE NUMBER OF PERSON TO VERIFY EMPLOYMENT.

PRESENT EMPLOYER	PREVIOUS EMPLOYER	SPOUSE'S EMPLOYER
Name of Company or Employer	Name of Company or Employer	Name of Company or Employer
Phone#: (____) _____	Phone#: (____) _____	Phone#: (____) _____
Position: _____	Position: _____	Position: _____
Gross Monthly Earnings: \$ _____	Gross Monthly Earnings: \$ _____	Gross Monthly Earnings: \$ _____
Start Date: _____	Start Date: _____ End: _____	Start Date: _____ End: _____

Other Monthly Income: \$ _____ Source: _____ How to Verify: _____

BANKING INFORMATION

Bank: _____ Branch: _____ Phone: (____) _____
 Checking Account #: _____ Savings Account #: _____

MISCELLANEOUS INFORMATION

Do you have any pets or do you intend to get any pets? YES NO If yes, what kind: _____
 Have you filed for bankruptcy within the past 10 years? YES NO **If yes, we will need the Discharge or Dismissed papers (whichever applicable).**
 Are you now or will you be in the next year a Full Time Student? YES NO If yes, number of credit hours: _____

I (we) declare the information given on this application to be true under penalty of perjury. Applicants hereby grant permission to the Owner/Manager and/or agents and A.P.M. Inc. to obtain credit reports and any other information necessary to verify all information on this application. I (we) agree that no other person or persons except the above named will occupy the subject premises at any time without the written consent of the Manager. I (we) further agree that all adults residing in the premises are jointly and severally liable for all rent and damage incurred during the term of occupancy. I (we) understand I (we) acquire no rights to this rental unit until an agreement is signed in the form submitted to me, and a security deposit of \$ _____ is paid. All adult tenants must sign the Rental Agreement. I (we) also understand that if I (we) do not rent and have paid a security deposit, \$ _____ will be withheld from the deposit for liquidating damages. If Management declines to accept this application, and I (we) have paid the security deposit, it will be refunded in full. Applicant(s) agrees to pay a Non-Refundable application processing fee of \$ _____.

Applicant's Signature: _____ Date: _____
 Spouse's Signature: _____ Date: _____
 Manager's Signature: _____ Date: _____

AUTHORIZATION

I/do hereby authorize _____ APMI _____ and its staff or authorized representative to contact any employers, financial institutions, agencies, local police departments, offices, groups or other organizations to obtain and verify any information or materials which are deemed necessary to determine my eligibility for housing in programs administered/managed.

Applicant/Resident Signature

Print Name

Date