



All applications must be fully completed prior to submitting.

Apt. Community _____ Apt # _____
 Cosigner Add-on Roommate
 Additional Resident History Form Attached

Date _____ Screening Charge \$ _____ Rent \$ _____ Lease Break Fee \$ _____ Special Discount \$ _____ from _____
 Owner/Agent _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

Information provided may be made available to other services or agencies for verification either during application or, if approved, during occupancy. By completing and submitting this application, applicant does not acquire any rights in any rental unit. Should applicant be approved, the applicant has three (3) days to complete the necessary paperwork and pay required monies. To reduce time required to process application please attach proof of income (ex. most recent pay stub).

1. PERSONAL INFORMATION

Legal Name _____
Last First Middle
 Date of Birth _____ Social Security # _____
 Active or Reserve Military? Active Reserve Not Applicable
 Driver's License # _____
 State _____
 Vehicle Make _____ Model _____ Year _____
 License Plate # _____ State _____
 Home Phone _____
 Mobile Phone _____

2. INCOME DESCRIPTION

Company Name _____
 Address _____
 Employer's Phone _____ Date of Hire _____
 Gross Income \$ _____ Frequency: Monthly Annually
 Position/Title _____
 Additional Sources of Income (must attach proof and be able to verify):
 Source _____ Amt. \$ _____ Frequency _____
 Source _____ Amt. \$ _____ Frequency _____
 TOTAL MONTHLY INCOME: \$ _____

3. RESIDENCE HISTORY - CURRENT

Applicant must provide a minimum of two (2) consecutive years of residence history. If additional space is needed attach Additional Residence History Form

Current Address _____
Number Street Apt #

City State Zip
 Own or Rent? _____ Monthly Payment _____
 Date of Move-In _____ Approx. Move-Out _____
 Reason for Moving _____
 Landlord or Mortgage Company _____
 Address _____
 Phone # (_____) _____

4. RESIDENCE HISTORY - PREVIOUS *

Previous Address _____
Number Street Apt #

City State Zip
 Own or Rent? _____ Monthly Payment _____
 Date of Move-In _____ Approx. Move-Out _____
 Reason for Moving _____
 Landlord or Mortgage Company _____
 Address _____
 Phone # (_____) _____

5. OTHER IMPORTANT INFORMATION

List names and dates of birth for all persons to occupy the apartment:
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____
 Name: _____ DOB: _____

Do you have a pet or other animal?..... Type? _____ Yes No
 Do you have a water bed or use an aquarium? Yes No
 Do you intend to use a musical instrument? Yes No
 Do you have renter's insurance? Yes No
Have any of the persons named on this application:
Been evicted? Yes No
Been convicted of a felony?* Yes No
Been convicted of a misdemeanor?* Yes No
 *Explain nature of conviction(s) _____

6. CERTIFICATION OF ACCURACY & APPLICANT SIGNATURE

Applicant hereby certifies that the information contained on this fully completed application and all additional information submitted. is true and correct, and hereby authorizes landlord/agent to make any necessary inquiries deemed necessary to evaluate the application for tenancy and credit standing. *Applicant understands and accepts that any information provided that is incomplete, inaccurate, or falsified shall be grounds for denial of the application or subsequent termination of tenancy upon determination of such material misrepresentation.*

APPLICANT SIGNATURE _____
 Date Submitted to RSS _____
 Visual proof of photo ID reviewed. Yes No
 Approved As Is Approved with Condition Denied