

MANAGERS: PROOF OF DRIVERS LIC. OR STATE ID YES NO CHECKED BY: _____

APARTMENT # _____ MOVE-IN DATE: _____ RENT \$ _____ LEASE: _____

APPLICANT ROOMMATE W/ _____ COSIGNER SECTION 8

APPLICANT INFORMATION

(LEGAL) Last Name	First	Middle	Soc. Sec. #	Date of Birth				
Other Names Used	Drivers License #/State	Email Address	Contact Phone #					
Other Persons to Occupy Rental	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB
Pets to Occupy Rental	1	Name	Type	Weight	2	Name	Type	Weight

RESIDENCE HISTORY

Present Address	City	State	Zip	From:	To:	Monthly Payment
<input type="checkbox"/> Mortgage Comp. <input type="checkbox"/> Apt. Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer Housing <input type="checkbox"/> Independent Landlord						<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Daytime Phone:		Landlord Evening Phone:			
Previous Address	City	State	Zip	From:	To:	Monthly Payment
<input type="checkbox"/> Mortgage Comp. <input type="checkbox"/> Apt. Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer Housing <input type="checkbox"/> Independent Landlord						<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name:	Landlord Daytime Phone:		Landlord Evening Phone:			

EMPLOYMENT HISTORY

Current Employer	Monthly Salary \$	Supervisors Name	How Long? Yrs: _____ Mos: _____		
Address	City	State	Zip	Phone	Occupation/Department
Previous Employer <input type="checkbox"/> Second Job	Monthly Salary \$	Supervisors Name	How Long? Yrs: _____ Mos: _____		
Address	City	State	Zip	Phone	Occupation/Department

ADDITIONAL INCOME - Additional income such as child support, alimony, or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereafter. Amount: \$ _____ Per: _____ Source: _____

VEHICLE INFORMATION

Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address	City	State	Zip	Phone
Emergency Contact	Relationship	Address	City	State	Zip	Phone
Personal Reference	Relationship	Address	City	State	Zip	Phone

Have you or anyone who will be residing in the unit ever been convicted of a criminal offense? Yes _____ No _____
 If YES, please list the date, city, state, and type of convictions. Attach separate sheet if necessary.
 Are you, or anyone who will be residing in the residence required to register as a sex offender? Yes No
 Have you ever been asked to vacate by a current/previous landlord? Yes No

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics, and mode of living. By signing this application, you authorize us, through our designated agent or employees, to obtain and verify all credit, employment, and reference information for the purpose of determining whether or not to lease the apartment home to you. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge, all statements are true and complete. False, fraudulent, or misleading information may be grounds for denial of tenancy or subsequent eviction.

The Undersigned Hereby Pays Skotdal Real Estate A Non-Refundable Application Processing Fee of **\$40.00**. Check/Money Order #: _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of **\$300** has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Applicant Signature _____ Date _____
 Landlord Signature _____ Position _____ Date _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.