| applyCHECK Background Screening | | | | A | | Application ice Use Only | | |
|---|--------------------------|----------|-------------|--------------------------|--------------------|-----------------------------|--|--|
| The undersigned hereby makes application | on to rent: | | | | | | | |
| Please tell us about yourself. | | | | | | | | |
| Applicant Name: | | | | | | | | |
| Date of birth: | SSN: | | | Phone: | | | | |
| Driver's License #: | | State: | | | | | | |
| Email Address: | | | Cell Phone: | | | | | |
| | | | | | | | | |
| Co-Applicant Name (if married): | | | | | | | | |
| Date of birth: | SSN: | | | Phone: | | | | |
| Driver's License #: | | State: | | | | | | |
| Email Address: | _ | | Cell Phone: | | | | | |
| | | | | | | | | |
| Names of all other Occupants under the age of | 18 years: | | | | | | | |
| | | | | | | | | |
| Total # of Occupants: | | | | | | | | |
| How many Pets: | Kind of Pet/Breed/Weig | ht/Age | : | | | | | |
| Please give your residence history for the past 3 year beginning with the most current. Letters of reference provided by landlord is required for all current and previous rentals. | | | | | | | | |
| Current address: | | | | | | | | |
| City: | State: | | | Zip Cod | e: | | | |
| Own Rent (please circle one) | Monthly Payment or Rent: | | | How long: | | | | |
| Reason for leaving: | | | | | | | | |
| Rental Reference (Name & Phone Number): | | | | | | | | |
| Reason for leaving: | | | | | | | | |
| Employment History Military: Attach a copy of latest Leave & Earnings Statement and/or Transfer Orders. Self-Employed: Attach a copy of past year (1 year) U.S. Tax Form 1040 & Schedule C. Hourly/Weekly Employees: Attach copies of your last two pay stubs. Applicant(s) shall provide, if necessary, a salary key or authorization code if verification is to be obtained via an automated employment and salary verification service. | | | | | | | | |
| Current Employment Status: □ Employed Full- | Time | d Part- | Time □ Stu | dent | □Retired | Not Employed | | |
| Present Employer: | | | | | | | | |
| Employer Address: | | | | | How Long: | | | |
| Supervisor: | | | | | | | | |
| Phone: | E-Mail: | | | | | | | |
| Position: | Gross Monthly Salary: \$ | | | Other Monthly Income: \$ | | | | |
| If there are other sources of income you would like us to consider, please list income, source and person who we could contact for confirmation. You do NOT have to reveal alimony, child support or retirement income unless you want u to consider the income to qualify for this rental. | | | | | | | | |
| Amount \$ per | Source | | |] | Phone # | | | |
| Co-applicant Employment Informatio | n | | | | | | | |
| Current Employment Status: □ Employed Full- | Time □ Employe | d Part-' | Time □ Stu | dent | □Retired | Not Employed | | |
| Present Employer: | | | | | | | | |
| Employer Address: | | | | | How Long: | | | |
| Supervisor: | | | | | 1 | | | |
| Phone: | E-Mail: | | | | | | | |
| Position: | Gross Monthly Sala | ry: \$ | | Other M | Ionthly Income: \$ | | | |

| If there are other sources of income to reveal alimony, child support or r | | | | | could contact for confirmation. You do NOT have rental. | | | |
|--|-----------------|---------------------------|--------------------------|-----------------|---|--|--|--|
| Amount \$ per | | Source | | lone # | | | | |
| Financial History | | | | | | | | |
| Your Bank(s): City / State / Branch & A | | Account # / Type | Phone: | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| Your Credit References: | | City / State / Type / Acc | count # | Phone: | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| Have you or Co-Applicant(s) ever: Image: YES in NO 1. Been sued for non-payment of rent? Image: YES in NO 2. Been convicted or had your lease terminated? Image: YES in NO 3. Been sued for damage to a rental property? Image: YES in NO 4. Broken a rental agreement or lease? Image: YES in NO 5. Declared Bankruptcy? Image: YES in NO Additional Information Image: YES in NO | | | | | | | | |
| Number & descriptions of automobiles, motorcycles, vans, trucks, trailers, campers, RV's, boats, commercial vehicles, etc. | | | | | | | | |
| Make/Model | | Year Color | | | Tag # / State | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Other vehicles (motorcycles, trailer, camper, boat, etc): | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Emergency Contact | | | | | | | | |
| Name of a person not residing w | ith you: | | | | | | | |
| | Address: | | | 7.01 | | | | |
| City: | | | State: | | Zip Code: | | | |
| Phone: | | | Relationship: | | | | | |
| References Name: | | Address: | | Phone: | | | | |
| 1. | | Address. | | r none. | r none. | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| I authorize the verification of the int | formation provi | ided on this form as to n | ny credit and employment | t. I have recei | ived a copy of this application. | | | |
| Signature of Applicant: Date: | | | | | | | | |
| Signature of Applicant: | | | | | | | | |
| Signature of Co-Applicant: | | | | | Date: | | | |
| Signature of Co-Applicant: | | | | | Date: | | | |
| Signature of Co-Applicant: | | | | | Date: | | | |