

PLEASE PRINT CLEARLY  
OTHER INCOME:

SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_ wk/mo  
SOURCE \_\_\_\_\_ AMOUNT \_\_\_\_\_ wk/mo

MONEY OWED (child support, car payments, credit cards, etc.)

DEBT TYPE \_\_\_\_\_ AMOUNT \_\_\_\_\_ PAYMENT \_\_\_\_\_ wk/mo  
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AUTOMOBILE MAKE/MODEL	YEAR	COLOR	LICENSE PLATE#	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHAT TYPES OF PETS DO YOU OWN? \_\_\_\_\_

Have you ever had a court action brought against you by a landlord or, have you ever brought a court action against a landlord (such as eviction, small claims, etc.)? \_\_\_\_\_ If Yes, explain fully with names and dates:

Have you ever filed for bankruptcy? \_\_\_\_\_

Have you ever had a judgment against you? \_\_\_\_\_

The undersigned authorizes that:  
Credit reports be obtained from any consumer reporting agency, verification of my rental history be obtained from landlords, property management companies (or any other sources), employment verification and history be obtained from present and past employers, and references be obtained from any source which could attest to my credibility, suitability, and worthiness to rent a housing accommodation. The undersigned also warrants and represents that all statements herein are true. If any statement herein made is not true, or the applicant chooses to withdraw this application for any reason, the deposit will be applied to rent due, or actual damages sustained by the owner, except the deposit will be refunded if said application is not accepted by the owner. In addition, if you are approved for a dwelling unit, you authorize that the landlord can report your name to the appropriate Consumer Credit Service Reporting Agency as the occupant of this dwelling unit; this application may also be released to any company, agency, etc., upon their request.

NOTE: PHOTO ID IS REQUIRED AT THE TIME OF APPLICATION

Applicant's legal signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* NOTICE \*\*\*\*

If you are approved to rent a dwelling unit and it is discovered you are a narcotics user or dealer, we will immediately report this illegal activity to the local authorities. We will also willingly participate, if requested, in testifying against you and submit any information you give us on your application as needed. Beware that law-abiding residents of our buildings are aware of the types of activity that signal the presence of drug dealers, and have been instructed to contact us immediately upon discovery, or suspicion, of such activity.

DO NOT WRITE BELOW THIS LINE

PHOTO ID

Name _____
Address _____
City _____ State _____ Zip _____
DOB _____ License # _____
SS# _____ Ht _____
Present L _____ Prev1 _____ Prev2 _____
Present employer _____
Previous employer _____
Additional notes _____