



Date: _____

Apartment Choice: _____

APPLICANT INFORMATION

FIRST NAME		LAST NAME		MIDDLE INITIAL	SOCIAL SECURITY #	
TELEPHONE	DRIVER LICENSE #		STATE	EXP.	DATE OF BIRTH	
EMAIL		CURRENT ADDRESS		CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE		RENT OWN OTHER		
YEARS AT LOCATION	LEASE EXP. DATE	REASON FOR LEAVING			RENT AMOUNT	
PRIOR ADDRESS		CITY	STATE	ZIP	YEARS AT ADDRESS	
EMPLOYER NAME*	EMPLOYER ADDRESS		CITY	STATE	ZIP	
YEARLY INCOME	YEARS AT JOB	INCOME VERIFIED BY PAYSTUB			LATEST TAX FORMS	
		\$ _____ WEEKLY			\$ _____	
		BIWEEKLY			ANNUAL GROSS INCOME	
			\$ _____			

APPLICANT REFERENCES - Please provide references that are not related to you.

NAME	ADDRESS	CITY	STATE	PHONE
1				
2				

Office Use Only: Application Received Date: _____ emailed _____ dropped off _____ mailed _____





CO-APPLICANT INFORMATION

FIRST NAME		LAST NAME		MIDDLE INITIAL	SOCIAL SECURITY #	
TELEPHONE	DRIVER LICENSE #		STATE	EXP.	DATE OF BIRTH	
EMAIL		CURRENT ADDRESS		CITY		STATE ZIP
LANDLORD NAME		LANDLORD PHONE		RENT OWN OTHER		
YEARS AT LOCATION	LEASE EXP. DATE	REASON FOR LEAVING			RENT AMOUNT	
PRIOR ADDRESS		CITY		STATE	ZIP	YEARS AT ADDRESS
EMPLOYER NAME*	EMPLOYER ADDRESS		CITY		STATE	ZIP
YEARLY INCOME	YEARS AT JOB	INCOME VERIFIED BY PAYSTUB \$ WEEKLY BIWEEKLY			LATEST TAX FORMS \$ ANNUAL GROSS INCOME \$	

CO-APPLICANT REFERENCES - Please provide references that are not related to you.

NAME	ADDRESS	CITY	STATE	PHONE
1				
2				





BANK REFERENCE

BANK	BRANCH	PHONE

Note if we do not have a copy of pay stub we must call employer to confirm current employment and income.

VEHICLE INFORMATION

MAKE	MODEL	YEAR	COLOR	PLATE	FULL COMPACT SUV

Please note all vehicles will be using the New Roc Parking Garage.

EMERGENCY CONTACT

NAME	PHONE	EMAIL	ADDRESS

Contact has permission to enter your rental property in the event of ill ness or death or other emergency. YES No

PET INFORMATION

PET NAME	BREED	WEIGHT	AGE	RABIES
1				YES NO
2				YES NO





FAMILY INFORMATION

NAME, FIRST	LAST	SEX	DATE OF BIRTH
1		M F	
2		M F	
3		M F	
4		M F	

SPOUSE

NAME, FIRST	LAST	SEX	DATE OF BIRTH
		M F	

OTHER RESIDENT

NAME, FIRST	LAST	SEX	DOB	RELATIONSHIP
		M F		

To verify the above statements, I/We direct those persons named in this application to answer questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the owner, or it's designated agent(s) to perform a credit and criminal check on me/us. I/We agree to pay a non-refundable deposit of \$20.00 per applicant for the credit and criminal check as permitted by state law.

CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Y N

Have you ever been evicted from a rental residence? Y N

Have you had two or more late rental payments in the past year? Y N





ADDITIONAL SOURCES OF INCOME

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

- 1)
- 2)

AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT & CRIMINAL HISTORY

The undersigned certifies the following: I/we hereby authorize the owner, or its designated agent(s), to obtain and review a consumer credit report containing my/our credit history in the manner permitted by the Fair Credit Reporting Act, and other non-public information as part of its evaluation process. I/we hereby authorize any credit reporting agency(ies) to provide a credit report(s) to the owner, or its designated agent(s).

I/we hereby authorize the owner, or its designated agent(s) to obtain any and all information regarding my/our criminal history. I/we hereby authorize, consent, and grant permission to any person or entity to release to the owner, or its agent(s) any and all information regarding my/our criminal history. I/we waive any and all claims I/we may have with respect to providing such information. I/we understand that the owner and its agent are not responsible for the accuracy or completeness of the information contained in such reports. I/we release the owner, and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by the owner, and its agent(s).

APPLICANT NAME	APPLICANT SIGNATURE	DATE	SOCIAL SECURITY #
CO-APPLICANT NAME	CO-APPLICANT SIGNATURE	DATE	SOCIAL SECURITY #

If the application is not approved or accepted by the owner or its agent(s), the deposit will not be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.

ACCURACY OF INFORMATION

Applicant hereby warrant that all representations set forth above are true and accurate. Applicant understands and agrees that the landlord has the right to terminate any lease between Landlord and applicants if the applicant has presented materially incorrect, false or misleading information in this Application.

APPLICANT NAME	APPLICANT SIGNATURE	DATE	EMAIL ADDRESS
CO-APPLICANT NAME	CO-APPLICANT SIGNATURE	DATE	EMAIL ADDRESS

It is understood that The Standard will have no obligation to rent this property to the applicant unless and until a lease is signed by all parties to the lease.

