APPLICATION FOR RENTAL OF APARTMENT/HOME/SPACE



Office use only RECEIVED:_____

Wright Services, Inc. 5454 Shaune Drive Juneau, Alaska 99801-9539 (907) 780-5454 Fax (907) 780-5459

Apt. Building	& No		
Park & Space	No		
Rental Rate _		Security I	Deposit
	□ Subtenant	☐ Lease	☐ Month-to-month

YOUR APPLICATION MUST BE SUBMITTED TO OUR OFFICE ALONG WITH A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO IDENTIFICATION. YOU MUST FURNISH THE ACTUAL ID DOCUMENT TO US FOR VERIFICATION PRIOR TO EXECUTING A RENTAL AGREEMENT. Middle Name_____ ___ Last Name ___ Home Phone _____ Work Phone ____ Current Street Address ____ Email Address _____ __ Cell Phone ___ PO Box or Mailing Address____ /_______ Social Security # ______ Driver's License # _____ State EMPLOYMENT HISTORY - INCLUDE ALL EMPLOYMENT FOR PAST 3 YEARS, MOST RECENT JOB FIRST **Employer** Job Title CONTINUE ADDITIONAL EMPLOYMENT HISTORY ON BACK PAGE RESIDENCE HISTORY List your physical addresses for the last three (3) years, most recent address first, beginning with your current address. If you owned your own home instead of renting, please give name of lender, mortgage account number, and phone number for lender. Landlord's Name Daytime phone # or message phone #: Address: From: Amount of Rent CONTINUE ADDITIONAL RESIDENCE HISTORY ON BACK PAGE Other sources of income you want us to consider____ Monthly amount \$_____ Has an eviction action ever been filed against you? QYES QNO Has a small claims action ever been filed against you? QYES QNO Have you been charged damage charges or do you owe unpaid rent to any landlord in the past 3 years? Tyes NO Have you been convicted of a felony? Tyes NO Have you been convicted of a misdemeanor within the past five years? TYES NO If you answer YES to any of these questions, please explain on back Co-applicant's name, if applicable (Co-applicant must submit a separate application) Names of all proposed occupants under 18 Vehicle Make/Year _____ Model _____ Color _____ License # ____ ______Color______License# ____ ___ Model ___ Does anyone in the household smoke? YES NO Do you have a pet? Tes India No. If yes, what? _____Age___Lbs.____Date of last shot ____/___/ India No. If yes, what? _____Age___Lbs.____Date of last shot ____/___/ India No. If yes, what? India No. YES ONO If yes, what? _____Age____Lbs._____Date of last shot ____/___OMale OFemale OIndoor Outdoor Ospayed/Neutered Contact person in case of emergency ____ _____ Relationship__ _____ Phone #____ I DECLARE THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE, CORRECT AND COMPLETE, AND HEREBY AUTHORIZE VERFICATION OF REFERENCES GIVEN. I hereby authorize any institution to release credit information concerning myself to Wright Services, Inc.. This authorization is given to enable Wright Services to promptly and fairly evaluate my request for credit. In order to facilitate future requests for credit from other creditors, I further authorize Wright Services, Inc. to disclose factual information regarding records of my payments and charges. Date Applications cannot be processed unless all information is complete and you submit your photo ID for verification. We perform court record and sex offender checks on all applicants. If you have resided in a state that charges for such checks, you will have to pay the record check fee(s) before we can consider your application. Page 1 of 2

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ADDITIONAL WORK HISTORY continued from front

Employer		Phone			Job Title		Fro	m	То	To Full/Part Time Monthly Gro		
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			ADDITIONAL RESI	DENCE HIS	STORY continued t	from front						
Landlord's Name			# or message phone		Address:		From:		То:		Amount of Rent:	
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Explanation of eviction a												
Other information you b	elieve we should cons	ider:										