

MILITARY RENTAL APPLICATION ~ CIVILIAN



Neighborhood Name:				Priority Code:				
Address Leased:				Relocation Specialist:				
APPLICANT (Include Jr. or Sr., if applicable) Applicant Name (First, MI, Last):								
Applicant Name (First, MI, Last):								
Social Security No: Date of Birth:								
Driver's License No./State: Vehicle Make/Model/Year/License Plate #:								
Address (Street, City, County, State, ZIP Code):							Reason for Moving: How did you hear about us?	
Home Phone: Work Phone:							E-Mail Address:	
Have you ever been convicted of a felony? Yes No Have you ever been evicted? Yes No								
Own O	Rent From: To:							
Present Landlord/Mortgagee:								
Landlord Phone: Monthly Amount: \$								
EMPLOYMENT/INCOME INFORMATION Employer: From: To:								
Address:						Personal Phone:		
Position/Title/Type of Business:					Gross Monthly Income: \$			
Additional Monthly Income:			Type:			Amount: \$		
Name of Bank:	e:	Accou			nt #:			
PERSON(S) TO OCCUPY THE HOME IN ADDITION TO THE APPLICANT:								
Name SSN (18 & old		er)	er) Relationship		Date of Birth		Vehicle Year/Make/ Model/License #:	
Pet: Yes No Type/Breed:						Size/Weight:		
Type/Breed:						Size/Weight:		
IN CASE OF EMERGENCY: I hereby give consent to contact the individual(s) below:								
Local Contact Name:					Relationship:			
Address:	Phone			Phone 1	Number:			
HOME Total # of INFORMATION: Occupants:	No. of Bedr	INO. OF DEGIOOHIS.			e of Home/			
INFORMATION: Occupants: Preferences: Preferences: ACKNOWLEDGMENT AND AGREEMENT								
I understand that the Application Deposit will be refunded to me if this Application is not approved and all of the information provided was truthful and accurate. If this Application is approved, the Application Deposit shall become part of the move-in monies and will be forfeited in accordance with applicable law if the move-in does not occur. If this Application is cancelled in writing within 72 hours, the Application Deposit shall be refunded. If this Applicatin is cancelled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Ferended. If this Application Is cancelled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Ferended. If this Application Ferended In writing within 72 hours, the Application Register and authorizes FCRMI and/or its agents to verify the information contained herein. Applicant acknowledges that false information herein may constitute grounds for denial of this Application. FCRMI may obtain investigative consumer reports from employers, landlords, law enforcement agencies, credit reporting agencies or other applicable sources under 15 U.S.C. Sections 1681 et seq.; FCRMI will provide Applicant, if denied, with information about the nature of such reports. Consumer investigative report results are valid for 60 days according to FCRMI policy. Additionally, I authorize FCRMI and/or its agents to obtain additional investigative consumer reports from the sources previously listed if occupancy does not occur within 60 days, when this Application reaches the top of the applicable waiting list, and/or at lease renewal. I further authorize FCRMI, its agents to obtain additional consumer investigative consumer devices previously listed if occupancy does not occur within 60 days, when this Application r								
Applicant's Signature:							Date:	
Management Representative Signature:					Date:		Time Received:	
□ Approved □ Approved with Conditions □ Denied By: D							Conditions:	
Applicant Cancellation: Date: Time:								
OFFICE USE ONLY: Application Fee: Application Deposit: Total Received: \$								
FUNDS COLLECTED: Receipt Number: Estimated Total Monthly Rent:								

Forest City Residential Management, Inc., Agent for the Owner is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing and does not discriminate on the basis of race, color, gender, religion, national origin, familial status, persons with disabilities, or any other classes protected by federal, state or local laws.