



## Application to Rent

Property Name:		Manager / Rental Agent: <b>ANGELO ROES</b>			Lease: <input type="checkbox"/> 6 mo. <input type="checkbox"/> 1 yr <input type="checkbox"/> Month to Month	
Property Address:		Unit #:	City:		State:	Zip Code:
Phone: ( ) ( )	Fax: ( ) ( )	Rent: \$	Deposit: \$	Move in date:		
<b>Use Separate Application for each Applicant, except for Spouse</b>						
<b>APPLICANT INFORMATION:</b>						
<b>Drivers License or Photo ID Required -Incomplete or false information may result in DENIAL of application.</b>						
Last Name:		First Name:		Middle Name:		SSN:
Driver's License #:		State:	Expires:		Date of Birth:	
Address on Drivers License:			City:		State:	Zip Code:
<b>SPOUSE/COAPPLICANT INFORMATION</b>						
<b>Drivers License or Photo ID Required -Incomplete or false information may result in DENIAL of application.</b>						
Last Name:		First Name:		Middle Name:		SSN:
Driver's License #:		State:	Expires:		Date of Birth:	
Address on Drivers License:			City:		State:	Zip Code:
<b>RESIDENCE HISTORY</b>						
<b>Incomplete or false information may result in DENIAL of application.</b>						
Present Address:			Apt.#:	City:		State: Zip Code:
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Other:						
Current Phone #: ( ) ( )		Monthly Payment:		How Long at Current Address: _____ Dates: _____ to _____		
Landlord Name:		City:	State:	Daytime Phone: ( ) ( )		Evening Phone: ( ) ( )
Reason for moving:						
Previous Address:			Apt.#:	City:		State: Zip Code:
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Other:						
How Long at Previous Address? _____ Dates: _____ to _____						
Landlord Name:		City:	State:	Daytime Phone: ( ) ( )		Evening Phone: ( ) ( )
Reason for moving:						
<b>APPLICANTS EMPLOYMENT</b>						
<b>Paycheck stubs, tax returns or letter of hire may be required.</b>						
Current Employer:				Phone: ( ) ( )		
Address:			City:		State:	
Position:	Supervisors Name:		Monthly Salary:	Employment Dates: _____ to _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self Empl.
Previous Employer: <small>(if less than 2 years at current employer)</small>				Phone: ( ) ( )		
Address:			City:		State:	
Position:	Supervisors Name:		Monthly Salary:	Employment Dates: _____ to _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self Empl.

<b>SPOUSE/COAPPLICANT EMPLOYMENT</b>					
<b>Paycheck stubs, tax returns or letter of hire may be required.</b>					
Current Employer:				Phone: ( )	
Address:			City:		State:
Position:	Supervisors Name:	Monthly Salary:	Employment Dates: _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self Empl.	
Previous Employer: <small>(if less than 2 years at current employer)</small>				Phone: ( )	
Address:			City:		State:
Position:	Supervisors Name:	Monthly Salary:	Employment Dates: _____ to _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Self Empl.	
<b>LIST ALL OTHER PROPOSED OCCUPANTS</b> (attach separate sheet if necessary)					
Name:	Age:	Relationship:	Name:	Age:	Relationship:
Car Make:	Year:	Model:	License Plate #:		
Car Make:	Year:	Model:	License Plate #:		
Nearest Relative:	Address:			Phone: ( )	
Emergency Contact:	Address:			Phone: ( )	
<input type="checkbox"/> Checking:	Account #:		Phone: ( )		
<input type="checkbox"/> Savings:	Account #:		Phone: ( )		
Additional Income: <input type="checkbox"/> Applicant		Source:	Amount:		
Additional Income: <input type="checkbox"/> Spouse		Source:	Amount:		
Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes List:			Waterbed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you Have Waterbed Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker
Have you ever been evicted or left a landlord owing money: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Name and Phone of Landlord:		
Have you ever been convicted of a criminal offense: <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Offense:	City / State:	
Explain nature of offense:					

I understand I acquire no rights in the above referenced subject property until I sign this application and submit a holding fee in the amount of \$500.00. Upon Approval of this and the signing of a Rental Agreement, this fee will be credited against my deposit in consideration of landlord holding the said apartment or subject property at: \_\_\_\_\_, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I do not choose to enter into an agreement applied for herein. In the event said application is not accepted holding fee shall be returned to applicant.

NON-REFUNDABLE APPLICATION FEE \$ 45.00

I understand that Accord Property Management and/or Associated Credit Systems, Inc. (ACS, Inc.) will be processing any or all portions of my rental application & may access my credit information from the national repositories. I authorize my references and creditors to release to, Accord Property Management and/or ACS, Inc., all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand Accord Property Management and/or ACS, Inc. has my authorization to research all public records for my criminal and eviction history. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report. I further authorize Accord Property Management and/or ACS, Inc. to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Signed \_\_\_\_\_ (Applicant)      Signed \_\_\_\_\_ (Spouse)      Dated \_\_\_\_\_

Signed \_\_\_\_\_ (Landlord)      Dated \_\_\_\_\_