

APPLICATION FOR RENTAL

EACH ADULT APPLYING FOR UNIT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - **ALL** information must be completed. **All** blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references. Only clean, responsible people who pay rent on time need apply.

Property you are applying for: _____

Date of desired occupancy _____ Anticipated length of stay _____

How did you find out about us? Sign : Newspaper : Friend : Other _____

YOUR PERSONAL INFORMATION

Full Name _____ DOB _____ Phone (____) _____

Work Phone (____) _____ Cell: (____) _____

Social Security Number _____ - _____ - _____ Current Driver's License # _____ State: _____

Present Address _____ Email: _____

City _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location _____ Phone: (____) _____

Landlord/mgr's name _____ Alternate Phone: (____) _____

Why are you leaving? _____

Have you had any recurring problems with your current apartment or landlord? If yes, please explain: _____

_____ Current Rent: \$ _____

Previous Address _____

City _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location _____ Phone: (____) _____

Landlord/mgr's name _____ Alternate Phone: (____) _____

Why did you leave? _____

EMPLOYMENT:

Present Employer _____ Position: _____ Supervisor: _____

How Long? _____ Address _____ Phone: (____) _____

Gross Monthly Income before deductions: \$ _____ If Military, what is your rank? _____

Name & Phone number of Commanding Officer _____

Former Employer _____ Position: _____ Supervisor: _____

How Long? _____ Address _____ Phone: (____) _____

Why did you leave? _____

ADDITIONAL INCOME: If there are additional, verifiable sources of income you would like considered, please list income source (i.e., self-employment, social security, benefit payments, etc.), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: _____ Amount:\$ _____ Per _____

Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____ **How long** do you expect this income continue? _____

Is there any reason it would stop? _____

Additional Source: _____ Amount:\$ _____ Per _____

Contact person: _____ Phone: _____

How long have you been receiving income from this source? _____ **How long** do you expect this income continue? _____

Is there any reason it would stop? _____

Emergency Information

In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?

1st Emergency Contact: _____ **Relationship** _____

Address _____

Phone# _____ **2nd Phone #** _____

2nd Emergency Contact: _____ **Relationship** _____

Address _____

Phone# _____ **2nd Phone #** _____

Do you currently have a savings account, line of credit, or charge card sufficient to cover one month's rent? _____

CREDIT REFERENCES: This can include store credit cards, rental stores, car loans, small loans, etc.

Bank _____ **Acct #(s)** _____ **Branch** _____

Checking: []: **Savings** []: **Loan** []:

City _____ **State** _____ **Approx. Balance \$** _____ **How Long?** _____

Other Active Credit Ref: _____ **Account #** _____ **Exp. Date:** _____

Type of Account: _____ **Credit Limit: \$** _____ **How Long?** _____ **Are all payments current?** YES : NO :

Other Active Credit Ref: _____ **Account #** _____ **Exp. Date:** _____

Type of Account: _____ **Credit Limit: \$** _____ **How Long?** _____ **Are all payments current?** YES : NO :

Have you ever been served an eviction notice? YES : NO :

Have you ever been served a late rent notice? YES : NO :

Have you ever had a foreclosure/repossession? YES , Date _____: NO :

If yes, explain: _____
(Use other side if necessary)

Have you ever filed for bankruptcy? YES , Date _____: NO : If yes, Chapter 7 or Chapter 13 ? Explain: _____

Have you ever been convicted of a crime, other than a traffic violation? YES : NO :

If yes, explain: _____
(Use other side if necessary)

PERSONAL/PROFESSIONAL REFERENCES

Character/Personal reference:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ How long? _____ Phone _____

Name of your attorney:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ How long? _____ Phone _____

Name of Nearest Living Relative:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship? _____ How long? _____ Phone _____

Do you give owner or manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? _____

OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

* **Pets:** Name _____ Type _____ Weight _____ lbs. Name _____ Type _____ Weight _____ lbs.

Name _____ Type _____ Weight _____ lbs. Name _____ Type _____ Weight _____ lbs.

NOTE: NO PETS ARE ALLOWED AT ANY TIME ON THE PREMISES WITHOUT PRIOR MANAGEMENT CONSENT AND PAYMENT OF FEES -NO EXCEPTIONS

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

We will run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?

(Use other side if necessary)

Do you own: Vacuum cleaner : Lawn mower : Water bed : Musical instruments :
Mop : Broom : Plunger :

Does anyone smoke? Yes : No :

How would you rate your housekeeping skills? _____

Would you like to purchase a home within the next 2 to 3 years? _____ If so, what size/type property would you like to buy?

Would you be interested in our Future Home Buyers Program to help you find and buy your first home?

Are you able to handle all the minor maintenance/upkeep in the property Yes _____ No _____.

Please note: Residents who handle minor maintenance and repairs on the property and pass property inspections are eligible to receive credit to help purchase a future home (that's part of our future homeowners program).

Do you possess any professional level skills:

Electrical _____ Painting _____ Plumbing _____ Roofing _____ Appliance repair _____ Air Conditioning _____ Heating _____
Carpentry _____ Other _____

A non-refundable application fee of \$35.00 and a reservation fee of \$ _____ (equivalent of one month's rent) are required for processing this application, and is being paid herewith. The undersigned expressly agrees that if this application is approved applicant herewith agrees to rent this property. Applicant further agrees that if applicant is accepted by Management and then decides, for any reason, not to move into the premises, then all monies paid herewith shall be retained as liquidated damages since other prospective tenants may have been turned away and it may be necessary for Management to re-advertise the property and evaluate other applicants. Processing of application shall be as timely as possible and the results may be delivered via telephone, fax or mail. Once approved, applicant agrees to pay the balance of funds and complete the paperwork within 48 hours, otherwise management will assume that applicant has decided to forfeit the reservation/earnest money payment made herewith and will begin re-marketing the property. If applicant is not approved, all monies given herewith, less application fee shown above, shall be returned to applicant. Applicant understands and agrees that rent begins as of the day after application approval and will be prorated for the following month.

A LEGIBLE PHOTOSTATIC COPY OF MY DRIVER'S LICENSE OR PICTURE IDENTIFICATION CARD, SOCIAL SECURITY CARD, LATEST PAY CHECK STUB(S) AND LAST YEAR'S W-2(s) OR COPY OF LAST YEARS INCOME TAX RETURN ARE ATTACHED TO THE APPLICATION [], OR WILL BE PROVIDED []. I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

Applicant's Authorization:

(signature)

Date

Print name

(signature)

Date

Print name

Renter's Authorization to Release Information

I, _____ (rental applicant), authorize Real Solutions Investment & Management, LLC, and agents thereof, to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies. This authorization includes but is not exclusive of criminal background checks and credit bureau checks.

I also give permission for all parties listed above, to disclose any information requested about me to the rental owner or manager stated above.

I further authorize the rental owner or manager to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

I direct that a copy or fax of this authorization be accepted with the same authority as the original

Thank you.

Signature

Printed Name

Social Security Number