



PROP:	
APT#:	
RENT:	
AGENT:	
MOVE IN DATE:	

Resident Screening

APPLICANT INFORMATION

PRIMARY

NAME _____ PHONE _____
 (LAST) (FIRST) (MI) (HOME) (BUSINESS)

MAIDEN NAME _____
 SS# _____ DRIVERS LICENSE# _____ STATE _____

MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____ BIRTH DATE _____

SPOUSE

NAME _____ PHONE _____
 (LAST) (FIRST) (MI) (HOME) (BUSINESS)

MAIDEN NAME _____ SS# _____ DL# _____ STATE _____
 BIRTHDATE _____

OTHER OCCUPANTS

NAME _____ AGE _____ BIRTH DATE _____
 (LAST) (FIRST) (MI)

NAME _____ AGE _____ BIRTH DATE _____
 (LAST) (FIRST) (MI)

PRIMARY APPLICANT

PRESENT EMPLOYER

COMPANY _____ SUPERVISOR _____ PERSONAL PHONE# _____
 ADDRESS _____ START DATE _____
 POSITION _____ MONTHLY GROSS INCOME \$ _____

PREVIOUS EMPLOYER

COMPANY _____ SUPERVISOR _____ PERSONAL PHONE# _____
 ADDRESS _____ START DATE _____
 POSITION _____ MONTHLY GROSS INCOME \$ _____

PRESENT ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 APARTMENT OR LANDLORD NAME _____ PHONE _____

RESIDENCY DATES START _____ END _____ RENT \$ _____

PREVIOUS ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 APARTMENT OR LANDLORD NAME _____ PHONE _____

RESIDENCY DATES START _____ END _____ RENT \$ _____

PREVIOUS ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 APARTMENT OR LANDLORD NAME _____ PHONE _____

RESIDENCY DATES START _____ END _____ RENT \$ _____

PREVIOUS ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 APARTMENT OR LANDLORD NAME _____ PHONE _____

RESIDENCY DATES START _____ END _____ RENT \$ _____

SPOUSE

PRESENT EMPLOYER

COMPANY _____ SUPERVISOR _____ PERSONAL PHONE# _____
 ADDRESS _____ START DATE _____
 POSITION _____ MONTHLY GROSS INCOME \$ _____

PREVIOUS EMPLOYER

COMPANY _____ SUPERVISOR _____ PERSONAL PHONE# _____
 ADDRESS _____ START DATE _____
 POSITION _____ MONTHLY GROSS INCOME \$ _____

PRESENT ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 APARTMENT OR LANDLORD NAME _____ PHONE _____

RESIDENCY DATES START _____ END _____ RENT \$ _____

PREVIOUS ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 APARTMENT OR LANDLORD NAME _____ PHONE _____

RESIDENCY DATES START _____ END _____ RENT \$ _____

WILL YOU HAVE A PET IN THE APARTMENT? YES OR NO DESCRIPTION

LEASE FILE INFORMATION

NEAREST RELATIVE

NAME _____ (LAST) (FIRST) (MI)	HOME PHONE _____
ADDRESS _____ _____	WORK PHONE _____

EMERGENCY CONTACT (other than above)

NAME _____ (LAST) (FIRST) (MI)	HOME PHONE _____
ADDRESS _____ _____	WORK PHONE _____

PERSONAL DESCRIPTION

PRIMARY APPLICANT

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

SPOUSE

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

VEHICLE DESCRIPTION

VEHICLE 1: MAKE _____	MODEL _____	YEAR _____	LICENSE# _____	STATE _____
VEHICLE 2: MAKE _____	MODEL _____	YEAR _____	LICENSE# _____	STATE _____

BANK

PRIMARY

NAME OF BANK _____ PHONE# _____
CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

SPOUSE

NAME OF BANK _____ PHONE# _____
CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

QUALIFYING QUESTIONS

QUALIFYING QUESTIONS	YES	NO	STATE
1. HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED FROM RENTAL HOUSING? If yes, List State			
2. HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIME? If yes, List State			
3. WILL THERE BE ANY OTHER OCCUPANTS OVER 21 YEARS OF AGE OTHER THAN THOSE LISTED ABOVE?			

RELEASE: I understand that I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____
Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my first months rent. In consideration for landlord holding said apartment at _____

I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

NON-REFUNDABLE APPLICATION FEES \$ _____

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding public records, your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to LexisNexis Resident Screening 12770 Colt Rd Dallas TX 75251. We certify that, to the best of my/our knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction. I/We authorize Resident Screening, Inc. to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnish all information to the landlord named above.

Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rents and security deposits have been paid. This application does not obligate Property to execute a lease or deliver possession of the proposed premises. I understand if Property is unable to deliver possession of proposed apartment on the agreed date for any reason, including holdover of a prior Resident, then Property shall not be liable as a result. Property is also under no obligation to deliver possession of another apartment. By my signature below, I certify that I have read and understand the terms of this rental application.

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy. **Equal Housing Opportunity**

Future Resident Signature _____	DATE _____	AUTHORIZED CONSULTANT _____	DATE _____
Future Resident Signature _____	DATE _____	MANAGER APPROVAL _____	DATE _____

Manager's Comments
