



Application to Rent

Property Name:		Manager / Rental Agent: ANGELO ROES			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:		
Use Separate Application for each Applicant, except for Spouse						
APPLICANT INFORMATION:						
Drivers License or Photo ID Required -Incomplete or false information may result in DENIAL of application.						
Last Name:		First Name:		Middle Name:		SSN:
Driver's License #:		State:	Expires:		Date of Birth:	
Address on Drivers License:			City:		State:	Zip Code:
SPOUSE/COAPPLICANT INFORMATION						
Drivers License or Photo ID Required -Incomplete or false information may result in DENIAL of application.						
Last Name:		First Name:		Middle Name:		SSN:
Driver's License #:		State:	Expires:		Date of Birth:	
Address on Drivers License:			City:		State:	Zip Code:
RESIDENCE HISTORY						
Incomplete or false information may result in DENIAL of application.						
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:						
APPLICANTS EMPLOYMENT						
Paycheck stubs, tax returns or letter of hire may be required.						
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.		

SPOUSE/COAPPLICANT EMPLOYMENT					
Paycheck stubs, tax returns or letter of hire may be required.					
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.	
LIST ALL OTHER PROPOSED OCCUPANTS (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 <small>If Yes List:</small>			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 _____