

Market Rate PROPERTIES



RENTAL APPLICATION

(Each co-resident must submit separate application)

Applicant's Full name				Date of Birth		Applica	Applicant's email address					
Single	Married	Widowed	Separated	Divorced	Anticinated Ma	va In Data:						
Single	Married	widowed	Separated	Divorced	vorced Anticipated Move In Date:							
Spouse's Name					Date of Birth			Applicant's email address				
Other Occupants Name				Age	Age			Relationship				
Pet	Type			Size	Size							
RESIDENTIAL HISTORY (Please provide the last 5 years of rental history; use a separate sheet of paper if necessary.)												
Present Address Phone#												
City, State, Zip Apartment Nam	ne/Mortgage Holder			Address	Address							
City, State, Zip					Phone # Move In 1			Move Out Date				
Monthly Payment					Reason for Moving							
Previous Addre	ss				Phone #							
City, State, Zip												
Apartment Com	munity/mortgage H	older		Address	Address							
City, State, Zip						Move In Date		Move Out Date				
Monthly Payme	nt \$			Reason	Reason for Moving							
Have you, or your co-applicant ever been threatened with an eviction from any leases premises?												
If yes, please ex	plain.											
		EN	1PLOYME	NT H	ISTORY	Y						
		(Please provide the la	ast 5 years of rental hist	ory; use a se	eparate sheet of pa	*	ary.)					
Present Employ	er					Position	'osition					
Business Address						Phone #	hone #					
Approximate Gross Yearly Income \$					ployed From	То	Supervi	sor				
Previous Emplo	yer					Position	l n					
Business Address						Phone #	Phone #					
Approximate Gross Yearly Income \$					Employed From To		Supervisor					
Spouse's Emplo	yer				Position							
Business Address					Phone #			#				
Approximate Gross Yearly Income \$					Employed From To Supervisor		SOT					
L						1						





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		CF	REDIT R	REFE	ERENC	ES						
Bank			Branch									
Savings Account #			Checking Account #									
Auto Loans: Company Name			Address	Address Account #								
Mortgage Account #												
Credit Cards: Company Name					Account #							
Company Name			Account #									
Have you ever declared bankrup	s, please give details.											
DEDCOMAL DEDEDENICES												
PERSONAL REFERENCES (Please list name and phone number)												
1)			2)									
In case of emergency, contact		Relationship				Phone #						
		VEF	HICLE I	NFO	RMAT	ION		<u> </u>				
Only one Vehicle to be Parked a	at Residency:											
1) Year Color			Make/Model		License Tag #							
Registered To												
If Guarantor Application, Relationship to Resident												
Have you ever been convicted of	of a crime other than	a minor trafi	fic offense?									
If yes, please explain												
How did you hear about us?				If Resid	ent Referral, Ple	ease Give N	ame					
The Famicos Foundation management relies on the information given above to be complete and accurate in order to act on your application in a timely manner. Any false statements, misrepresentations, inaccurate information or failure to supply the data requested above may serve as a rejection of your application. By signing the application, you are authorizing the use of any credit reporting/screening agencies to verify credit, and validate accuracy of all information recorded above. Further, your signature authorizes the management and the credit reporting/screening agencies to later exchange credit information and access your credit report in the even of default of the lease agreement for collection or skip tracing purposes. I/We hereby deposit with owner/agent the sum of \$ 1115.00 as a security deposit and \$50.00 as a non-refundable screening fee, on the premises listed below. I/We understand that the security deposit will be retained by management if this application is approved and I am unable to fulfill the conditions of occupancy. I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. The deposit will be returned if this application is not approved, providing all the above questions are answered correctly and truthfully.												
X Signature Date:												
X Signature Date:												
OFFICE USE												
Driver's License #/State	river's License #/State			Application Taken By								
Address				Rental Amount \$								
Occupancy Date		Leases Date		То								
Type Apartment		Special Comments										
Approved		Date		Ву								

