

Rental Application (Subject to Owner's Approval)

AFAKTIVIENT HOMES (Swegett to Stripple two)										Date				
Name of Applicant			Maiden Name				SS#				Date of Birth			
Presen	t Address	Rent			Own	Home Phone			Work Phone					
Cell Phone Email Address							L		Driv	ver's License No			State of Issue	
City	City State Zip					Apt. No. How Long at Present				v Long at Present	Address?	*	<u> </u>	
Present Landlord/Apartment Name			City State				Zip			Phone No.		Monthly Rent		
Former Address			City State				Zip		1	How long at Former Address?		Monthly Rent		
Former Landlord/Apartment Name City					State		Zip Phone Number							
Current Occupation							· Gross Salary					Length of Employment		
Current Employer Complete Address						1					Phone Number			
Immediate Supervisor's Name and Title											Phone Number			
Past E	mployer (if less than 6 months at cu	rrent positi	on)	Length of E	Employm	ment Gross Salary					Phone Number			
Additi	onal Income (describe source)		I_				I				I			
IF APPLICABLE: Current College/University Attending Proj						ted Date of	of Graduatio	n	N	1ajor/Minor				
In Cas	e of Emergency Notify	to Applicant Complete Address						Phone num			nber			
Personal Reference (Name) Complete Address											Home Phone Number			
Occupation Relation to Ap				to Applicant	plicant Work Phone Number						Years Known		nown	
Personal Reference (Name) Complete Address											Home Phor	ne Number		
Occupation Relation to Applicant							Work Phone Number Years Known					nown		
Has any civil judgment been entered against you for the collection of a debt the past 10 years? Yes No						in 6.				een evicted or refu		l Yes	l No	
					No	7.	in or at	Have you, or do you intend to possess, sell, or use illicit drugs or narcotics in or about your residence?						
					l No		8. Have you ever been convicted for possession, use or sale of illegal substances? I Yes I No							
4. Have you filed for bankruptcy in the past 10 years? Yes No					No	9.		ave you ever been convicted of a misdemeanor? Yes No					No	
								er be	en convicted of a	felony?	Yes	No		
If you	answered "yes" to any of the above	questions,	please exp	lain below (ı	use revei	rse side if	necessary):							
LIST A	ALL OTHER OCCUPANTS WH	O WILL I	RESIDE IN	N APARTM	IENT: (All occup	oants 18 and	d ove	r mu	st file separate ap	oplications)			
NAME DATE OF BIRTH SOC.SEC # NA										DATE OF BI			C.SEC #	
2.						٥								
5 6														
ALL RENTS ARE DUE AND PAYABLE ON THE FIRST DAY OF EACH N Pursuant to Fair Housing Laws, the management shall neither refuse to rent or lease an apartment to any person because of race, color, creed, religion, national origin, ancestry, handicaps or familial status of the applicant nor discriminate in the terms offered or the services rendered. Management is not responsible for loss by fire, theft, smoke or water. The undersigned warrants and represents that all statements herein are true and permits verification. Should it be determined prior to or at any time during a subsequent tenancy that information given was false, landlord reserves the right to terminate said tenancy immediately. The undersigned agrees to provide documentation necessary to substantiate present or prior earnings which are to be considered as a basis for payment of rent. The undersigned further agrees to						execute upon presentation a lease in the usual form and on terms and conditions therein stated, which lease may be terminated by the Lessor if any statement herein made is not true. This application and deposit are taken subject to previous applications. I hereby give permission to photocopy my driver's license. I hereby give permission to obtain information on my credit, rental history, criminal history, income verification, and other references, now or in the future for the purpose of this application or for enforcing the provisions of any future lease with Aspen Square Management, which include, but are not limited to, the collection of rent and any other balances due.								
Rental Agent						Prospective Resident								