

*For Office Use Only*  
**COMMUNITY:** \_\_\_\_\_  
 Unit # \_\_\_\_\_ Unit Type \_\_\_\_\_ Move In Date \_\_\_\_\_ Rent \$ \_\_\_\_\_  Photo I.D. Verified \_\_\_\_\_ % Qualified  
 Lease Term \_\_\_\_\_ Other \$ \_\_\_\_\_

# Rental Application

## RESIDENCY Please Print

Applicant's Name: First Middle Last, Jr., Sr., I, II, III		Soc. Sec. #	Date Of Birth	Drivers License #	State
How many will occupy unit? _____ Names of all other occupants: 1. _____ <small style="margin-left: 150px;">Name</small> <small style="margin-left: 150px;">DOB</small>					
2. _____ 3. _____ 4. _____ <small style="margin-left: 15px;">Name</small> <small style="margin-left: 15px;">DOB</small> <small style="margin-left: 15px;">Name</small> <small style="margin-left: 15px;">DOB</small> <small style="margin-left: 15px;">Name</small> <small style="margin-left: 15px;">DOB</small>					
Applicant's Present Address		Apt. #	City	State/County	Zip Phone
How long at this address? ____ YRS ____ MOS.		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder Phone	
Why are you moving?					
Applicant's Previous Address		Apt. #	City	State/Conuty	Zip Phone
How long at this address? ____ YRS ____ MOS.		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder Phone	

## EMPLOYMENT Please Print

Current Employer	Position	Phone	How Long ____ YRS ____ MOS.	Gross Monthly Salary \$
Current Employer's Address	City	State	Zip Code	Supervisor
Previous Employer	Position	Phone	How Long ____ YRS ____ MOS.	Gross Monthly Salary \$
Previous Employer's Address	City	State	Zip Code	Supervisor
Additional Monthly Income-Describe source and how to verify-Please be specific				\$

## FINANCIAL Please Print

Bank Name-Checking	Branch	City	State	Phone	Account #
Bank Name-Savings	Branch	City	State	Phone	Account #

## PERSONAL Please Print

In Case of Emergency Notify: 1		Relationship	Address-City/State/Zip Code			Phone
In Case of Emergency Notify: 2		Relationship	Address-City/State/Zip Code			Phone
Vehicle Type	Year	Make	Model	Color	License #	State/Tag
Vehicle Type	Year	Make	Model	Color	License #	State/Tag
<input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Recreation Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____						

Do you have pets?  Yes  No How many? \_\_\_\_\_ Type(s) \_\_\_\_\_

Do you have any water funiture?  Yes  No Explain \_\_\_\_\_

Have you ever been a defendant in an Unlawful Detainer (eviction) lawsuit or defaulted (failed to perform) on any obligation of a rental agreement or lease?  Yes  No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime as outlined in the Rental and Occupancy Criteria Guidelines?  Yes  No  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about our community? \_\_\_\_\_

Have you heard about ConAm's Circle of Excellence?  Yes  No

I affirm the information in this application is true and correct. I hereby acknowledge that misrepresentation on this application may result in denial of application or termination of lease. I hereby authorize Owner or its Agent to verify the above information and to obtain consumer, investigative credit and/or criminal background reports including, references upon request.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Agent for Owner \_\_\_\_\_ Date \_\_\_\_\_

