

*For office use only*  
 APARTMENT COMMUNITY :  
 Apt # \_\_\_\_\_ Unit Type \_\_\_\_\_ Move In Date \_\_\_\_\_ Rent \$ \_\_\_\_\_ Photo ID Verified \_\_\_\_\_ %  
 Qualified \_\_\_\_\_ Lease Term \_\_\_\_\_ Other \$ \_\_\_\_\_

# Rental Application

## RESIDENCY: Please Print

Applicants Name: First, Middle, Last, Jr. Sr. I,II	Soc. Sec #	Date of Birth	Drivers License #	State
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How many will occupy apartment? \_\_\_\_\_ Name of all other occupants: 1) \_\_\_\_\_  
Name DOB

2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Name DOB Name DOB

Applicant's present address	Apt #	City, State, Zip	County	Phone number
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How long at this address? _____ YRS _____ MOS	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment or Rent \$ _____	Name of Landlord/Mortgage Holder	Phone number
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E-mail address: \_\_\_\_\_

Why are you moving? \_\_\_\_\_

Applicant's previous address	Apt #	City, State, Zip	County	Phone number
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How long at this address? _____ YRS _____ MOS	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment or Rent \$ _____	Name of Landlord/Mortgage Holder	Phone number
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## EMPLOYMENT: Please Print

Current Employer	Position	Phone	How long _____ Yrs _____ Mos
			Monthly Salary \$ _____

Current Employer's Address	City	State	Zip	Supervisor
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Previous Employer	Position	Phone	How long _____ Yrs _____ Mos
			Monthly Salary \$ _____

Previous Employer's Address	City	State	Zip	Supervisor
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Additional Monthly Income - Describe source and how to verify. Please be specific  
 \_\_\_\_\_

## FINANCIAL: Please Print

Bank name - Checking	Branch	Account #
	City, State	Phone

Bank name - Savings	Branch	Account #
	City, State	Phone

## PERSONAL: Please Print

In case of Emergency, Notify : 1)	Relationship	Address - City/State/Zip	Phone number
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In case of Emergency, Notify : 2)	Relationship	Address - City/State/Zip	Phone number
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Vehicle Type	Year	Make	Model	Color	License #	State/Tag
Vehicle Type	Year	Make	Model	Color	License #	State/Tag

Boat  Trailer  Recreation Vehicle  Motorcycle  Other \_\_\_\_\_

Do you have any pets?  YES  NO How many? \_\_\_\_\_ Type (s) \_\_\_\_\_

Do you have any water furniture?  YES  NO Explain \_\_\_\_\_

Do you have Renter's Insurance?  YES  NO Provider Name \_\_\_\_\_ Policy Number \_\_\_\_\_

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: \_\_\_\_\_

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

If resident referral, please list resident's name \_\_\_\_\_ Apartment # \_\_\_\_\_ Phone number \_\_\_\_\_

Have you heard about ConAm's Circle of Excellence?  YES  NO

The information in this application is true and correct. I hereby authorize Owner or its Agent to verify the above information and to obtain either a consumer or investigative credit report. I further authorize the verification of all the above items, including but not limited to rental history, employment and the obtaining of additional credit reports and references upon request.

Application fee received is to be used to screen "Applicant" with regards to credit history & other background information.	The
amount charged is itemized as follows:	\$30.00
Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports	\$18.25
Cost to obtain, process & verify screening information	\$11.75

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

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

