

RENTAL APPLICATION

Landlord: Frank & Ruby E. Harris Client #
 Ph: 623-398-7812 Fax: 775-703-5106
 Property Address: _____

Move In Date: _____
 Lease Term: _____
 Unit#: _____ Rent Amt: \$ _____
 New Applicant Add on Lease
 Co - Signer for _____

Credit Check Criminal Check Employment Verification Rental History Verification Eviction Check

INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK! EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NO BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT INFORMATION			
Applicant's Name (full legal name)		<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> II <input type="checkbox"/> III	
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	Maiden Name:	Cell No.	
Social Security #	-- --	Pager No	
Driver's License #	State Issued Expiration Date	Date of Birth	
Have you ever been convicted of a crime (minor traffic not included)? If yes, give details:			

EMPLOYMENT HISTORY			
Current Employer	<input type="checkbox"/> Self Employed	Phone	
Address			
Nature of Business			
Position		Start Date	
Pay Rate	\$ Per <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Supervisor		Direct Phn	
↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer <input type="checkbox"/> Previous Employer (If Current Less Than Three Years) ↓			
Second Employer	<input type="checkbox"/> Self Employed	Phone	
Address			
Nature of Business			
Position		Start Date	End Date
Pay Rate	\$ Per <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	Hours Wkly	
Supervisor		Direct Phn	

RESIDENTIAL HISTORY			
Current Address			Your Phn #
City	ST	ZIP	
Landlord / Mtg Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family		
Landlord Phone	Alternate Phone		
Date Moved In	Current Rent Amount		
Lease Expires	Have you Given Notice?		
Reason for Move			
Prev Address			
City	ST	ZIP	
Landlord / Mtg Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family		
Landlord Phone	Alternate Phone		
Date Moved In	Date Moved Out	Rent Amount	
Reason for Move			
Have you ever been evicted or refused to pay rent when due?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			

ADDITIONAL OCCUPANT(S) <small>(Separate applications required for all adults)</small>		
Number of persons to occupy apartment: _____		
Name	Relationship	Date of Birth

FINANCIAL INFORMATION			
	Bank name	Branch / phone	Account No
Checking			
Savings			
ADDITIONAL INCOME <small>(List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)</small>			
Have you ever filed bankruptcy?		When/where?	

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Type/Age: _____						
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
The pool has no secondary fence and you acknowledge that the owner <input type="checkbox"/> Yes <input type="checkbox"/> No has no intention of paying for or installing one.						

REFERENCES		
Name	Relationship	Phone Number
In Case of Emergency: _____		
Relationship: _____		Phone: _____

Subject to the owner's approval, the undersigned hereby makes application to lease the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into reliantly or any misstatements made above.

AUTHORIZATION	
<p>I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and Consumer Credentials (a division of Far West Credit Services) to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold Far West Credit Services / Consumer Credentials, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.</p>	
Print Name: _____	
Signature: _____ Date _____	

Furnished by: **Consumer Credentials** 1214 E Wilmington Ave Suite 101 Salt Lake City UT 84106
 Phone: (801) 463-0100 / **800-789-3431** Fax: (801) 463-6616 / **800-318-2992**

ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.

