

Community _____ AGENT: Apt. # _____ Rate _____
 Today's Date _____ Date Required _____ Amount Paid _____

PERSONAL

Applicant's Name _____ Date of Birth _____
 Social Security No. _____ Married Single
 Co-Applicant's Name _____ Date of Birth _____
 Social Security No. _____ Current Home Phone (_____) _____
 Names, ages and relationship of anyone else who will occupy the apartment: _____

RESIDENCE

Current Address _____ No. _____ Street _____ City _____ State _____ Zip Code _____
 () Rent () Own () Live with family or friend () Other _____ Dates: From _____ To _____
 Apartment or Landlord's Name: _____ Amount: _____
 Apartment or Landlord's Phone: _____ Name _____ City _____ State _____ Reason for Moving _____
 Former Address _____ No. _____ Street _____ City _____ State _____ Zip Code _____
 () Rent () Own () Live with family or friend () Other _____ Dates: From _____ To _____
 Apartment or Landlord's Name: _____ Amount: _____
 Apartment or Landlord's Phone: _____ Reason for Moving _____

EMPLOYMENT

Applicant's Employer _____ Supervisor _____
 Employer's Address/Location _____ Phone# (_____) _____
 Position Held _____ Date of Hire _____ Salary \$ _____ Per _____
 Previous Employer _____ Supervisor _____
 Employer's Address/Location _____ Phone# (_____) _____
 Position Held _____ Date of Hire _____ Salary \$ _____ Per _____
 Co-Applicant's Employer _____ Supervisor _____
 Employer's Address/Location _____ Phone# (_____) _____
 Position Held _____ Date of Hire _____ Salary \$ _____ Per _____

GENERAL INFORMATION

STOP!!! DID YOU COMPLETE THE RESIDENCE HISTORY? YES NO EMPLOYMENT HISTORY YES NO
IF YOU ANSWERED NO, WE CANNOT PROCESS YOUR APPLICATION

Bank Name/Location _____ Phone# (_____) _____
 Savings Acct. _____ Regular Checking _____
 Pets(s) _____ Type(s) _____ Weight(s) _____ Age(s) _____
 Vehicles: We do not allow vehicles without permission. Vehicles not approved in writing may be towed away at the owner's expense.
 1. Make _____ Year _____ Color _____ License# _____ State _____
 2. Make _____ Year _____ Color _____ License# _____ State _____
 Has applicant, spouse or any other proposed resident ever:
 Filed for bankruptcy No Yes _____
 Been evicted from tenancy No Yes _____
 Been convicted of a felony No Yes _____
 Comments: _____
 In case of emergency contact: _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address _____ City _____ State _____ Zip _____

I hereby authorize Complete Screening, Inc, its employees and agents, to take any and all actions necessary to verify the contents of this application. I understand that such actions may include but are not limited to, a credit report, verification of employment, past rental history, police and criminal records. I will hold Complete Screening, Inc., its employees and agents harmless from liability for the accurate reporting of such information to the management and/or owners. I certify that all information provided by me is true, correct, and complete and I understand that any misrepresentation or omission is cause for the management and/or owners to reject or decline this application and/or terminate any lease based on this application. IMPORTANT NOTICE: It is understood and agreed that the security deposit will be FORFEITED if I/we cancel this application after 48 hours of signing.

Applicant's Signature: _____ Date: _____
 Co-Applicant's Signature: _____ Date: _____
 Leasing Agent: _____ Date: _____