

Rental Application for Residents and Occupants

Each co-applicant and each occupant 18 years old and over must submit a separate application. Spouses may submit a single application.

Date completed: _____

<p>ABOUT YOU Fill name (exactly as on driver's license of govt. ID card): _____</p> <p>Driver's license # and State: _____ OR govt. photo ID card #: _____</p> <p>Former last names (maiden and married): _____</p> <p>Your Social Security #: _____</p> <p>Birthdate: _____ Sex: M F</p> <p>Marital Status : <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed</p> <p>Are you a U.S. citizen: YES NO</p> <p>Will you or any occupant have an animal?: YES NO Kind, weight, breed, age: _____</p>	<p>YOUR RENTAL/CRIMINAL HISTORY: Check only if applicable: Have you, your spouse, or any occupant listed in this Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> moved out of a dwelling before the end of the lease term without the owner's consent? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, and court ordered community supervision, or pretrial diversion? <input type="checkbox"/> been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that has not been resolved by any method? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any items not checked above.</p> <p>YOUR SPOUSE Full Name: _____</p> <p>Former last names (maiden and married): _____</p> <p>Spouse's Social Security #: _____</p> <p>Driver's license # and State: _____ OR govt. photo ID card #: _____</p> <p>Birthdate: _____ Sex: M F</p> <p>Are you a U.S. citizen: YES NO</p> <p>Present Employer: _____ Address: _____ City/State/Zip: _____ Work phone: _____ Position: _____ Date began job: _____ Gross monthly salary: _____ Supervisor's name & phone #: _____</p>
<p>Current home address (<i>where you now live</i>): _____</p> <p>City/State/Zip: _____</p> <p>Home phone: _____ Cell: _____</p> <p>Email address: _____</p> <p>Name of apartment where you now live: _____</p> <p>Current owner/manager's name: _____</p> <p>Their phone: _____ Date moved in: _____</p> <p>Why are you leaving your current residence? _____</p>	<p>OTHER OCCUPANTS: Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three:</p> <p>Name: _____ Relationship: _____ Birthdate: _____ Social Security #: _____ Sex: M F</p> <p>Name: _____ Relationship: _____ Birthdate: _____ Social Security #: _____ Sex: M F</p> <p>Name: _____ Relationship: _____ Birthdate: _____ Social Security #: _____ Sex: M F</p>
<p>YOUR WORK Present Employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work phone: () _____</p> <p>Position: _____</p> <p>Gross monthly income: \$ _____</p> <p>Dates you began this job _____</p> <p>Supervisor's name: _____</p> <p>Supervisor's phone: () _____</p>	<p>YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (<i>including cars, trucks, motorcycles, trailers, etc.</i>) Continue on separate page if more than two:</p> <p>Year: _____ Model/Make: _____ Color: _____ Tag #: _____</p> <p>Year: _____ Model/Make: _____ Color: _____ Tag#: _____</p>
<p>Previous employer: _____ Address: _____ City/State/Zip: _____ Work phone: () _____ Position: _____ Gross monthly income: \$ _____ Dates you began/ended this job: _____ Previous supervisor's name & phone: _____</p> <p>Previous employer: _____ Address: _____ City/State/Zip: _____ Work #: () _____ Position: _____ Gross monthly income: _____ Dates you began/ended this job: _____ Previous supervisor's name & phone: _____</p>	<p>EMERGENCY Emergency contact person over 18, who will not be living with you: Name: _____ Address: _____ City/State/Zip: _____ Work #: _____ Home # _____ Relationship: _____</p>
<p>YOUR CREDIT HISTORY Your bank's name, city, state: _____</p> <p>List major credit cards: _____ _____</p> <p>Other non-work income you want considered. Please explain: _____ _____</p>	<p>AUTHORIZATION I hereby authorize Heathergate Associates LP and its affiliates, authorized agents, representatives, and their respective employees (collectively, "Owner") to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release and discharge Owner and any procurer or furnisher of such information, from any liability or damages directly or indirectly arising from the use, procurement, or furnishing of such information, and understand that my application information may be provided to local, state and/or federal government agencies, including without limitation law enforcement agencies.</p> <p>Applicant's Signature: _____</p> <p>Spouse's Signature: _____</p>