

The Renters Marketplace at American Classic Homes

APPLICATION FOR RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

The undersigned hereby makes application to rent _____, located at _____, beginning on _____, at a monthly rent of \$ _____.

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	EMAIL	
HOW DID YOU HEAR ABOUT THIS APARTMENT COMMUNITY?				
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE ()
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE ()
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL DEPENDANTS 18 YEARS OR YOUNGER				
PETS & LIQUID-FILLED FURNITURE				
PETS?	DESCRIBE			
LIQUID-FILLED FURN.?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
EMPLOYER ADDRESS		CITY	STATE	ZIP
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
EMPLOYER ADDRESS		CITY	STATE	ZIP
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$



EMERGENCY CONTACT			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP
PERSONAL REFERENCES			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP
BACKGROUND INFORMATION			
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?	
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. <input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE INFORMATION			
1. MAKE & MODEL	COLOR	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	COLOR	YEAR	LICENSE NO. & STATE
<p>I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements above set forth are true.</p> <p>I hereby pay a holding fee of \$ _____. I understand that I have seventy two hours following the date of this application to withdraw the application and receive full refund of said holding fee. If applicant cancels rental after (72) hours and was otherwise approved, the holding fee is forfeited. The application fee is non-refundable.</p> <p>NON-REFUNDABLE APPLICATION FEE \$ _____</p> <p>I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.</p>			

(Signed/Applicant)

Date

BILLING INFORMATION FOR APPLICATION FEE			
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
NAME ON CARD	CARD NUMBER	EXPIRATION DATE /	
BILLING ADDRESS	CITY	STATE	ZIP CODE
<p>My signature below authorizes ON-SITE MANAGER, INC. (OSM), a credit screening company, to conduct a background check, including obtaining a consumer credit report. I understand that OSM will charge the above credit card for this service \$40.00 per applicant. I agree to pay for this charge according to the terms of my CardHolder Agreement.</p>			
_____ (Card Holder)		_____ Date	

