

For office use only

COMMUNITY: Village at Ninth

Unit # _____ Unit Type _____ Move In Date _____ Rent \$ _____ Photo ID Verified ___% Qualified
Lease Term _____ Other \$ _____

Rental Application

Please complete every field, no blanks or dashes, if you correct an entry, cross it out with one line and initial the change.

Applicants Name (as listed on Photo Identification)	Soc. Sec #	Date of Birth	Drivers License #	State
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Marital Status: Single Married Divorced Separated Widowed Will you be the head of the household? YES NO

Phone Number: _____ Email Address: _____

Household Information – List all household members excluding the above applicant that will live in the apartment.

Full Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date MM/DD/YYYY

RESIDENCY: Please provide all places resided in consecutive order for past two years (24 Months).

Applicant's Current Address		Apt. #	City	State	Zip
How Long at this address?	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder		Phone
Move In Date:					
Applicant's Previous Address		Apt. #	City	State	Zip
Move In Date: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder		Phone
Move Out Date: _____					
Applicant's Previous Address		Apt. #	City	State	Zip
Move In Date: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder		Phone
Move Out Date: _____					
Applicant's Previous Address		Apt. #	City	State	Zip
Move In Date: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder		Phone
Move Out Date: _____					
Applicant's Previous Address		Apt. #	City	State	Zip
Move In Date: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder		Phone
Move Out Date: _____					
Applicant's Previous Address		Apt. #	City	State	Zip
Move In Date: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payments \$	Name of Landlord/Mortgage Holder		Phone
Move Out Date: _____					

EMPLOYMENT: Please Print

Current Employer	Position	Phone	Start Date:	Gross Monthly Salary \$
Current Employer's Address	City	State	Zip Code	Supervisor
Previous Employer	Position	Phone	Start Date:	Gross Monthly Salary \$
Previous Employer's Address	City	State	End Date:	Supervisor
Additional Monthly Income – Describe source and how to verify. Please be specific				\$

PERSONAL: Please Print

In case of Emergency, Notify: 1)	Relationship	Address – City/State/Zip			Phone number
In case of Emergency, Notify: 2)	Relationship	Address – City/State/Zip			Phone number
Vehicle Type	Year	Make	Model	Color	License #
State/Tag					
Vehicle Type	Year	Make	Model	Color	License #
State/Tag					
<input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Recreation Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____					

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

How did you hear about our community? _____

1. Do you expect any additions to the household within the next twelve months? YES NO

Name & Relationship: _____

Explanation: _____

2. Are there any absent household members who under normal conditions would live with you? YES NO (For example, a spouse away in the military.)

Explanation: _____

3. Do you have full custody of your child(ren)? YES NO (If no, obtain proof of amount of time child{ren} will be living in unit.)

Explanation: _____

4. Have you or anyone else named on this application been convicted of a crime as outlined in the Rental and Occupancy Criteria Guidelines? YES NO

Explanation: _____

5. Have you ever been a defendant in an Unlawful Detainer (eviction) lawsuit or default (failed to perform) on any obligation of a rental agreement or lease? YES NO

Explanation: _____

6. Do you have any pets? YES NO If yes, How Many _____ Type(s) _____

7. Do you have any water filled furniture? YES NO

Explanation: _____

I affirm the information in this application is true and correct. I hereby acknowledge that misrepresentation on this application may result in denial of application or termination of lease. I hereby authorize Owner or its Agent to verify the above information and to obtain consumer, investigative credit and/or criminal background reports including, references upon request.

Signature of Applicant _____ Date _____

Signature of Agent for Owner _____ Date _____

