

Collegiate Heights

APPLICATION FOR COMMERCIAL RENTAL

EACH ADULT OVER THE AGE OF 18 MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed. All blanks must be filled in. The decision to rent to you will depend in great part on your credit history and references.

How did you find out about us? Sign : Newspaper : Friend : Other _____

PERSONAL INFORMATION

Full Name _____ Phone (____) _____ Work Phone (____) _____

Social Security Number ____-____-____ Driver's License # _____ State: _____ Date of Birth: _____

Email Address: _____

Will you and someone else be renting the house together? ____ If yes, their name? _____

Total # Adults ____ # Children ____ When would you like to move? _____

Present Address: _____

City _____ State: _____ Zip: _____

Phone #'s: Home (____) _____ Work (____) _____ Pager (____) _____

How Long? _____ If renting, Apartment name/location _____ Current Rent: \$ _____

Landlord/mgr's name _____ Phone: (____) _____

Why are you leaving? _____

_____ Current Rent: \$ _____

Previous Address (If at current address for less than five years) _____

City _____ State: _____ Zip: _____

How Long? _____ If renting, Apartment name/location _____ Phone: (____) _____

Landlord/mgr's name _____ Alternate Phone: (____) _____

Why did you leave? _____

Collegiate Heights

EMPLOYMENT INFORMATION:

Are you self employed? If so, how long? _____ What type of business? _____

Present Employer _____ Position: _____ How Long? _____

Address _____ Phone: (____) _____

Name of Supervisor: _____ Supervisor's Phone: (____) _____

Gross Monthly Income before deductions: \$ _____ Other Income: \$ _____ Source: _____

Former Employer _____ Position: _____ How Long? _____

Address _____ Phone: (____) _____

Why did you leave? _____

CREDIT REFERENCES:

Bank _____ Branch _____ Checking: Savings

City _____ State _____ How Long? _____

Bank _____ Branch _____ Checking: Savings

City _____ State _____ How Long? _____

Do you have any tax liens? _____ If yes, how much do you owe? \$ _____

Have you ever been evicted? YES NO (if Yes, explain below) Have you every been sued? YES Date _____: NO (if Yes, explain below)

Have you ever had a repossession? YES Date _____: NO if Yes, explain _____

Have you ever had a foreclosure? YES Date _____: NO If Yes, explain: _____

Is your paycheck currently being garnished? YES NO If Yes, how much? \$ _____ If Yes, explain: _____

Have you ever filed for bankruptcy? YES Date _____: NO (if Yes, explain below) If yes, Chapter 7 or Chapter 13

If YES, has the bankruptcy been discharged? YES NO If YES, when discharged? _____

Have you ever been convicted of a crime, other than a traffic violation? YES NO

If you answered YES to any of the above questions, explain: _____

PERSONAL REFERENCES - List three persons, *OTHER THAN YOUR RELATIVES*, that we may contact to verify your character.

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Collegiate Heights

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

EMERGENCY - In an emergency you may contact (List two, other than spouse/roommate, nearest relatives first)

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

OTHER INFORMATION

OTHER PERSONS (INCLUDING CHILDREN) WHO WILL LIVE IN THE DWELLING UNIT

Name _____ Name _____

Name _____ Name _____

* **Pets:** Name _____ Type _____ Weight ____ lbs. Name _____ Type _____ Weight ____ lbs.

*** NOTE: No pets are allowed at any time on the premises without prior Management consent and payment of fees - NO EXCEPTIONS**

Date of desired occupancy _____ Anticipated length of stay _____

List all motor vehicles, including recreational vehicles, to be kept at the property:

MAKE	MODEL	COLOR	YEAR	LICENSE PLATE #	STATE	MONTHLY PAYMENT
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