

IN THE EVENT OF CO-TENANTS OTHER THAN SPOUSE, USE SEPERATE FORMS FOR EACH APPLICANT

MANAGEMENT COMPANY	APARTMENT COMMUNITY	COMMUNITY CONTACT	COMMUNITY TELEPHONE	COMMUNITY E-MAIL
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BILLING STATUS

1 APPLICANT 2 APPLICANT ROOMMATE COX MANAGER COX EMPLOYMENT N/C Per _____



MOVE-IN DATE	RENT \$	DEPOSIT \$	LEASE	APARTMENT #
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APPLICANTS - Last Name	First	Middle	Soc. Sec. #	Driver License and State	Birthdate
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APPLICANTS - Last Name	First	Middle	Soc. Sec. #	Driver License and State	Birthdate
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OTHER PERSONS TO OCCUPY RENTAL PROPERTY.	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB	Type and size of pets: (Keeping a pet requires a deposit and owner's consent.)
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB	

PART 1 RESIDENCE HISTORY

Present Address	City	State	Zip	How Long? ____ Yrs ____ Mo's	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ()	Monthly Payment \$
Name of Present Landlord	City	State	Zip	(Please Check One) <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other		Landlord Day Phone ()	Landlord Night Phone ()

PART 2 PREVIOUS RESIDENCE HISTORY

Previous Address	City	State	Zip	How Long? ____ Yrs ____ Mo's	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ()	Monthly Payment \$
Name of Previous Landlord	City	State	Zip	(Please Check One) <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other		Landlord Day Phone ()	Landlord Night Phone ()
SPOUSE'S Previous Address	City	State	Zip	How Long? ____ Yrs ____ Mo's	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	Phone ()	Monthly Payment \$
Name of Previous Landlord	City	State	Zip	(Please Check One) <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other		Landlord Day Phone ()	Landlord Night Phone ()

PART 3 EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor Name/Co.	How Long? ____ Yrs ____ Mo's			
Address	City	State	Zip	Phone ()	Position	Monthly Salary \$
APPLICANT Previous Employer	Department	Supervisor Name/Co.	How Long? ____ Yrs ____ Mo's			
Address	City	State	Zip	Phone ()	Position	Monthly Salary \$
SPOUSE'S Employed By	Department	Supervisor Name/Co.	How Long? ____ Yrs ____ Mo's			
Address	City	State	Zip	Phone ()	Position	Monthly Salary \$

Additional Income (Additional income such as child support, alimony, or seperate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.)
Amount of \$ _____ per _____ Source: _____

PART 4 CREDIT & LOAN REFERENCES

Auto #1 (Year, Make, Model, Color)	License Plate	State	Payment made to	Monthly Payment \$
Auto #2 (Year, Make, Model, Color)	License Plate	State	Payment made to	Monthly Payment \$
Loans	Account #	Address	Total Debt \$	Monthly Payment \$
Charge Accounts and Credit	Account #	Address	Total Debt \$	Monthly Payment \$
Bank or Savings and Loan	Account #	Address	Checking Account #	

PART 5 IMPORTANT INFORMATION

Name of APPLICANT'S Nearest Relative	Phone ()	Address	City	State	Zip	Relationship
Name of SPOUSE'S Nearest Relative	Phone ()	Address	City	State	Zip	Relationship
Emergency Contact	Phone ()	Address	City	State	Zip	Relationship
Personal Contact	Phone ()	Address	City	State	Zip	Relationship

Have you ever been asked to vacate? YES NO Charged or Convicted of a Criminal Offense? YES NO

I understand that I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____. Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said apartment at _____, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

NON REFUNDABLE APPLICATION FEE: \$ _____

Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding your character, general reputation, personal characteristics, and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to RentQuest, P.O. Box 1514 Los Altos CA 94023-1514. I/We certify that, to the best of my/our knowledge all statements are true and complete. I/We authorize RentQuest to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnish all information to the landlord named above. False, fraudulent, or missing information may be grounds for denial of tenancy or subsequent eviction.

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

(Applicant) Date (Applicant) Date

The information sought is solely for use in evaluation of the named applicant's tenancy. _____
(Landlord) Date

