

## APPLICATION FOR RENTAL

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

|  |                    |                         |                       |
|--|--------------------|-------------------------|-----------------------|
| APARTMENT  | RENT               | START DATE              | AGENT/REFERRED BY     |
| <b>APPLICANT INFORMATION</b>   |                    |                         |                       |
| LAST NAME  | FIRST NAME         | M.I.                    | SSN                   |
| DRIVER'S LICENSE #   |                    |                         |                       |
| BIRTH DATE   | HOME PHONE<br>( )  | WORK PHONE<br>( )       | EMAIL                 |
| <b>CURRENT ADDRESS</b>   |                    |                         |                       |
| STREET ADDRESS   |                    | CITY                    | STATE ZIP             |
| DATE IN  | DATE OUT           | LANDLORD NAME           | LANDLORD PHONE<br>( ) |
| MONTHLY RENT<br>\$   | REASON FOR LEAVING |                         |                       |
| <b>PREVIOUS ADDRESS</b>  |                    |                         |                       |
| STREET ADDRESS   |                    | CITY                    | STATE ZIP             |
| DATE IN  | DATE OUT           | LANDLORD NAME           | LANDLORD PHONE<br>( ) |
| MONTHLY RENT<br>\$   | REASON FOR LEAVING |                         |                       |
| <b>OTHER OCCUPANTS</b>   |                    |                         |                       |
| LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER |                    |                         |                       |
|  |                    |                         |                       |
|  |                    |                         |                       |
|  |                    |                         |                       |
| <b>PETS</b>  |                    |                         |                       |
| PETS?  | DESCRIBE           |                         |                       |
|  |                    |                         |                       |
| <b>EMPLOYMENT &amp; INCOME INFORMATION</b>                               |                    |                         |                       |
| 1. OCCUPATION  |                    | EMPLOYER/COMPANY        | MONTHLY SALARY<br>\$  |
| SUPERVISOR NAME  |                    | SUPERVISOR PHONE<br>( ) | START DATE END DATE   |
| 2. OCCUPATION  |                    | EMPLOYER/COMPANY        | MONTHLY SALARY<br>\$  |
| SUPERVISOR NAME  |                    | SUPERVISOR PHONE<br>( ) | START DATE END DATE   |
| 1. OTHER INCOME DESCRIPTION  |                    |                         | MONTHLY INCOME<br>\$  |
| 2. OTHER INCOME DESCRIPTION  |                    |                         | MONTHLY INCOME<br>\$  |
| <b>EMERGENCY CONTACT</b>   |                    |                         |                       |
| 1. NAME  | ADDRESS            | PHONE<br>( )            | RELATIONSHIP          |
| 2. NAME  | ADDRESS            | PHONE<br>( )            | RELATIONSHIP          |
| <b>PERSONAL REFERENCES</b>   |                    |                         |                       |
| 1. NAME  | ADDRESS            | PHONE<br>( )            | RELATIONSHIP          |
| 2. NAME  | ADDRESS            | PHONE<br>( )            | RELATIONSHIP          |

| BACKGROUND INFORMATION   |  |  |
|--|--|--|
| <b>HAVE YOU EVER:</b>  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| VEHICLE INFORMATION  |  |  |
| 1. MAKE & MODEL  | YEAR   | LICENSE NO. & STATE                                      |
| 2. MAKE & MODEL  | YEAR   | LICENSE NO. & STATE                                      |
| OTHER VEHICLES   |  |  |
|  |  |  |
| OTHER INFORMATION  |  |  |
| HOW DID YOU HEAR ABOUT THIS PROPERTY?  |  |  |
| PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| I/we, the undersigned, authorize Fidelis Screening Solutions, LLC, Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Fidelis Screening Solutions, LLC, Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information. |  |  |
| Important information about your rights under the Fair Credit reporting Act:   |  |  |
| <ul style="list-style-type: none"> <li>• You have a right to request disclosure of the nature and scope of the investigation.</li> <li>• You must be told if information in your file has been used against you.</li> <li>• You have a right to know what is in your file, and this disclosure may be free.</li> <li>• You have the right to ask for a credit score (there may be a fee for this service).</li> <li>• You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.</li> </ul>   |  |  |
| These reports are being processed by Fidelis Screening Solutions, LLC, 4534 Clinton St. Ste. 2, West Seneca, NY 14224. A summary of your rights under the Fair Credit Reporting Act is available by visiting (Para información en español, visite o escriba): <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> or writing Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552  |  |  |
| Applicant agrees to pay a non-refundable application fee of: \$ _____  |  |  |
| _____<br>(Signed/Applicant)  |  | _____<br>Date  |

