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DRIVEF	R LICE	NSE #		STATE	EX	IP.		D	ATE OF	BIRTH
CUI	RRENT	ADDRESS				CITY			STATE	E ZIP
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LEASE 1	EXP. D	ATE	REA	ASON FC	R L	EAV]	ING		REN	T AMOUNT
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YEARS AT	JOB	INCOME	VE	RIFIED	WEE	EKLY		\$ ANN		X FORMS
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## **CO-APPLICANT INFORMATION**

FIRST NAME LA		LAST NAME				MIDDLE SOCIAL INITIAL		AL :	L SECURITY #					
TELEPHONE	DRI	VER	LICE	NSE #		STAT	ΓE	EXP.			D	ATE (	OF	BIRTH
EMAIL		CUR	RRENT	ADDRESS	5			CIT	ΓY			STA'	ΓE	ZIP
LANDLORD NAME			LAN	DLORD PH	ONE					REN	Т	OWN	I	OTHER
YEARS AT LOCATION	LEAS	SE E	EXP. D	ATE	RE <i>I</i>	ASON	FOR	LEAV	VIN	G		RI	ENT	AMOUNT
PRIOR ADDRESS			CIT	Y		S	TAT	E Z	ΙP			YEAF	RS I	AT ADDRESS
EMPLOYER NAME*	EMP)	LOYE	R AD	DRESS		·	С	ITY			ST	ATE	ZI	P
YEARLY INCOME	YEARS	AT	JOB	INCOME \$	VER	IFIE		Y PAY WEEKI BIWEE	ĽΥ		\$			FORMS SS INCOME
											\$			

# $\textbf{CO-APPLICANT REFERENCES} \ - \ \textbf{Please provide references that are not related to you.}$

NAME	ADDRESS	CITY	STATE	PHONE
1				
2				

	RENCE							
BANK		BRANCH		PHON	E			
Note if we do not	t have a copy of pay stub	we must call employer	to confirm current	employment and in	ncome.			
EHICLE IN	FORMATION							
MAKE	MODEL	YEAR	COLOR	PLATE			FULL COMPACT SUV	
lease note all ve	hicles will be using the N	lew Roc Parking Garag	e.					
EMERGENC	CY CONTACT							
NAME	PHO	NE	EMAI	L	ADI	DRESS		
	nission to enter your ren	tal property in the eve	nt of ill ness or dea	ath or other emer	gency. YE	S No		
ET INFORM		tal property in the eve	nt of ill ness or de	ath or other emerg	gency. YE AGE	S No RABIES		
ET INFORM	<b>IATION</b>		nt of ill ness or de					
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ET INFORM PET	<b>IATION</b>		nt of ill ness or de			RABIES YES	NC	
ET INFORM PET	<b>IATION</b>		nt of ill ness or de			RABIES YES	NO	

## **FAMILY INFORMATION**

NAME, FIRST	LAST	SEX	DATE OF BIRTH
1		M F	
2		M F	
3		M F	
4		M F	

### **SPOUSE**

NAME, FIRST	LAST	SEX	DATE OF BIRTH
		M F	

## OTHER RESIDENT

NAME, FIRST	LAST	SEX	DOB	RELATIONSHIP
		M F		

To verify the above statements, I/We direct those persons named in this application to answer questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the owner, or it's designated agent(s) to perform a credit and criminal check on me/us. I/We agree to pay a non-refundable deposit of \$20.00 per applicant for the credit and criminal check as permitted by state law.

## **CREDIT HISTORY**

Have you declared bankruptcy in the past seven (7) years? Y N

Have you ever been evicted from a rental residence? Y N

Have you had two or more late rental payments in the past year? Y N

#### ADDITIONAL SOURCES OF INCOME

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

1)

2)

### **AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT & CRIMINAL HISTORY**

The undersigned certifies the following: I/we hereby authorize the owner, or its designated agent(s), to obtain and review a consumer credit report containing my/our credit history in the manner permitted by the Fair Credit Reporting Act, and other non-public information as part of its evaluation process. I/we hereby authorize any credit reporting agency(ies) to provide a credit report(s) to the owner, or its designated agent(s).

I/we hereby authorize the owner, or its designated agent(s) to obtain any and all information regarding my/our criminal history. I/we hereby authorize, consent, and grant permission to any person or entity to release to the owner, or its agent(s) any and all information regarding my/our criminal history. I/we waive any and all claims I/we may have with respect to providing such information. I/we understand that the owner and its agent are not responsible for the accuracy or completeness of the information contained in such reports. I/we release the owner, and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by the owner, and its agent(s).

APPLICANT NAME	APPLICANT SIGNATURE	DATE	SOCIAL SECURITY #
CO-APPLICANT NAME	CO-APPLICANT SIGNATURE	DATE	SOCIAL SECURITY #

If the application is not approved or accepted by the owner or its agent(s), the deposit will not be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.

### **ACCURACY OF INFORMATION**

Applicant hereby warrant that all representations set forth above are true and accurate. Applicant understands and agrees that the landlord has the right to terminate any lease between Landlord and applicants if the applicant has presented materially incorrect, false or misleading info rm at ion in this Application.

APPLICANT NAME	APPLICANT SIGNATURE	DATE	EMAIL ADDRESS
CO-APPLICANT NAME	CO-APPLICANT SIGNATURE	DATE	EMAIL ADDRESS

It is understood that The Standard will have no obligation to rent this property to the applicant unless and until a lease is signed by all parties to the lease.