

RENTAL APPLICATION

Each applicant must submit a separate application.
PLEASE PRINT IN BLACK INK.

COMMUNITY NAME			COMMUNITY CONTACT			COMMUNITY PHONE #			COMMUNITY FAX #			APT #				
Summerhill Pointe Apartments						(702) 254-7777			(702) 254-0617							
APPLICANT'S LAST NAME		FIRST	MI	MARITAL STATUS (CIRCLE ONE)		SOCIAL SECURITY #			D.O.B.		GENDER		DRIVER'S LICENSE #	STATE		
				M S D W							M F					
APPLICANT'S LAST NAME		FIRST	MI	MARITAL STATUS (CIRCLE ONE)		SOCIAL SECURITY #			D.O.B.		GENDER		DRIVER'S LICENSE #	STATE		
				M S D W							M F					
OTHER PERSONS THAT WILL OCCUPY THE PROPERTY	FULL NAME			RELATION		MONTH	DOB DAY	YEAR	FULL NAME			RELATION		MONTH	DOB DAY	YEAR
						/	/							/	/	
	FULL NAME			RELATION		MONTH	DOB DAY	YEAR	FULL NAME			RELATION		MONTH	DOB DAY	YEAR
					/	/							/	/		
WILL A PET OCCUPY THE PROPERTY?				BREED	TYPE	WEIGHT		IS THE PET PROPERLY LICENSED & INOCULATED FOR RABIES?								
<input type="checkbox"/> YES <input type="checkbox"/> NO								<input type="checkbox"/> YES <input type="checkbox"/> NO								
RESIDENCE HISTORY																
PRESENT STREET ADDRESS			APT #	CITY		STATE	ZIP CODE			DATES OF OCCUPANCY						
										MOVE IN DATE		/	/	/		
										MOVE OUT DATE		/	/	/		
PRESENT LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY					MONTHLY PAYMENT	LANDLORD PHONE + AREA CODE			CIRCLE ONE							
									OWN RENT							
PREVIOUS STREET ADDRESS			APT #	CITY		STATE	ZIP CODE			DATES OF OCCUPANCY						
										MOVE IN DATE		/	/	/		
										MOVE OUT DATE		/	/	/		
PREVIOUS LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY					MONTHLY PAYMENT	LANDLORD PHONE + AREA CODE			CIRCLE ONE							
									OWN RENT							
SPOUSE'S ADDRESS IF DIFFERENT			APT #	CITY		STATE	ZIP CODE			DATES OF OCCUPANCY						
										MOVE IN DATE		/	/	/		
										MOVE OUT DATE		/	/	/		
SPOUSE'S LANDLORD/MORTGAGE COMPANY/APARTMENT COMMUNITY					MONTHLY PAYMENT	LANDLORD PHONE + AREA CODE			CIRCLE ONE							
									OWN RENT							
EMPLOYMENT HISTORY																
NAME OF PRESENT EMPLOYER					PHONE NUMBER + AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES								
EMPLOYMENT ADDRESS			START DATE	END DATE	CURRENT POSITION HELD			GROSS INCOME (BEFORE TAXES)								
NAME OF SPOUSE'S PRESENT EMPLOYER					PHONE NUMBER + AREA CODE			DIRECT SUPERVISOR/HUMAN RESOURCES								
EMPLOYMENT ADDRESS			START DATE	END DATE	CURRENT POSITION HELD			GROSS INCOME (BEFORE TAXES)								
INCOME FROM ADDITIONAL SOURCES (ADDITIONAL INCOME NEED NOT BE DISCLOSED UNLESS SUCH INCOME IS TO BE CALCULATED FOR QUALIFICATION HEREUNDER)										AMOUNT						
										\$						
AUTO INFORMATION																
AUTO #1	YEAR	MAKE	MODEL			COLOR			LICENSE PLATE	STATE						
AUTO #2	YEAR	MAKE	MODEL			COLOR			LICENSE PLATE	STATE						
PERSONAL INFORMATION																
HAVE YOU OR YOUR SPOUSE EVER HAD AN EVICTION FILED AGAINST YOU?												YES	NO			
HAVE YOU EVER BROKEN A RENTAL AGREEMENT?												YES	NO			
DO YOU CURRENTLY OWE ANY PRIOR LANDLORDS MONEY?												YES	NO			
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?												YES	NO			
HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME?												YES	NO			
NAME OF APPLICANT'S NEAREST RELATIVE			TELEPHONE WITH AREA CODE			STREET ADDRESS			CITY	STATE	ZIP CODE					
NAME OF SPOUSE'S NEAREST RELATIVE			TELEPHONE WITH AREA CODE			STREET ADDRESS			CITY	STATE	ZIP CODE					
EMERGENCY CONTACT			WORK TELEPHONE WITH AREA CODE			HOME TELEPHONE			STREET ADDRESS			CITY	STATE	ZIP CODE		
THE ABOVE NAMED EMERGENCY CONTACT IS AUTHORIZED TO REMOVE AND/OR STORE ALL CONTENTS OF THE DWELLING AND/OR MAILBOX IN THE EVENT OF A SERIOUS ILLNESS OR DEATH OF RESIDENT.																
<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE SIGNATURE _____																

- NON-REFUNDABLE APPLICATION FEE* \$_____ (Not refunded under any circumstance)
 - Application Fee is applicable to each Resident 18 years or older regardless of marital status.

- HOLDING FEE* \$_____
 - Upon approval, this fee will be credited against future rent. I understand my holding fee is non-refundable if I cancel for any reason_____
 - Holding fee will be retained by the Community as liquidated damages in the event I do not choose to enter into _____ (initials) into a lease agreement for the unit which I have applied for wit this application.
 - I understand that I acquire no rights in the apartment until I complete the application, pay the holding fee, and execute a lease on the apartment.

***APPLICATION FEE AND HOLDING FEE MUST BE PAID BY MONEY ORDER OR CAHIERS CHECK MADE PAYABLE TO THE PROPERTY**

"I/We hereby authorize the Community to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records or arrest, rental history, employment/salary details, vehicle records, licensing records, and/or necessary information. I hereby expressly release the Community, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

I/We certify that, to the best of my knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction."

Should your application be denied 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 First Advantage Safe Rent, Attn: Consumer Relations Department, 7300 Westmore Road, Suite #3, Rockville, MD 20850. Telephone Number: (888) 333-2413.

Applicant(s) Signature:

APPLICANT'S SIGNATURE: _____

DATE SUBMITTED: _____

CONTACT PHONE # ()
EMAIL ADDRESS _____

CIRCLE ONE: HOME WORK CELL OTHER

APPLICANT'S SIGNATURE: _____

DATE SUBMITTED: _____

CONTACT PHONE # ()
EMAIL ADDRESS _____

CIRCLE ONE: HOME WORK CELL OTHER

Agent Signature:

AGENT FOR THIS OWNER: _____

DATE RECEIVED: _____