

RENTAL / LEASE APPLICATION

 DEPOSIT _____
 REQUESTED MOVE-IN DATE _____

COVEY ROWHOUSES, LLC

CURRENT	NAME (APPLICANT)		CELL PHONE	
	EMAIL		SOCIAL SECURITY #	
	PRESENT STREET ADDRESS		DATE OF BIRTH	
	CITY		STATE	
	ZIP		RENT AMMOUNT \$	
	FROM		TO	
LANDLORD NAME		PHONE		
LANDLORD STREET ADDRESS (OR APARTMENT NAME)		CITY		
STATE		ZIP		

PREVIOUS	FORMER STREET ADDRESS		CITY	
	STATE		ZIP	
	FROM		TO	
	FORMER LANDLORD		PHONE	
FORMER LANDLORD STREET ADDRESS (OR APARTMENT NAME)		CITY		
STATE		ZIP		
OTHER STATES AND COUNTRIES YOU HAVE LIVED IN THE PAST 5 YEARS				

EMPLOYMENT	PRESENT EMPLOYER			
	STREET ADDRESS		CITY	
	STATE		ZIP	
	PHONE		POSITION	
	HOW LONG? (DATE HIRED)		GROSS PAY	
	OTHER INCOME (2 ND JOB)		SOURCE	
PREVIOUS EMPLOYER				
STREET ADDRESS		CITY		
STATE		ZIP		
PHONE		POSITION		
HOW LONG? (DATE HIRED)				

REFERENCES	BANK (CHECKING)		BRANCH		PHONE		ACCOUNT NUMBER		
	BANK (SAVINGS)		BRANCH		PHONE		ACCOUNT NUMBER		
	LIST ALL OTHER OUTSTANDING DEBTS (Attach additional sheets if necessary)				BALANCE		MONTHLY PAYMENT		
					BALANCE		MONTHLY PAYMENT		
	RELATIVE / PARENT				ADDRESS		PHONE		
	PERSONAL REFERENCE				ADDRESS		PHONE		
	HAVE YOU EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO							DATE	
	HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO ANY FELONY OR MISDEMEANOR?				<input type="checkbox"/> YES <input type="checkbox"/> NO		WHO		WHERE
								WHEN	

OTHER	OTHER OCCUPANTS NAME		AGE OR DOB	
AUTOMOBILES		LICENSE #		
OTHER VEHICLES				
PARKING SPACES NEEDED				
PETS – subject to approval by management Number & type _____ Do you intend to use: <input type="checkbox"/> WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> MUSICAL INSTUMENT _____ Do you have Renters Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				

APPROVAL	Why are you vacating your present place or residence? _____			
	Have you given legal notice where you now live? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy.			
Owner/Agent has charged a screening charge as set forth above. Landlord may obtain a consumer credit and/or an Investigative Consumer Report which may include the checking of the applicants credit, income, employment, rental history, criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 1681d(b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation. If the application is approved, applicants will have _____ hours from the time of notification to either execute a rental agreement or reservation deposit.				
APPLICANT _____ PHOTO I.D. VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO INCOME DOCUMENTATION: <input type="checkbox"/> YES <input type="checkbox"/> NO				
DATE APPLICATION SUBMITTED _____ <input type="checkbox"/> CREDIT CHECK <input type="checkbox"/> CRIMINAL / CIVIL CHECK <input type="checkbox"/> FULL REPORT MEMB. ACCT _____				