

# RENTAL APPLICATION

|  |                                     |  |  |                                    |
|--|-------------------------------------|--|--|------------------------------------|
| COMMUNITY  |                                     | APP FEES<br><b>\$25.00</b>                     | MONTHLY RENT \$                                  | APPLICATION TAKEN BY               |
| APT. NUMBER  |                                     | APT. TYPE                                      | CONCESSION (IF ANY)                              | LENGTH OF LEASE TERM               |
| NAME OF APPLICANT  |                                     |  |  | DATE OF BIRTH                      |
| SOCIAL SECURITY NUMBER   |                                     | DRIVER'S LICENSE NUMBER                        |  | STATE                              |
| HOME PHONE   | MOBILE PHONE/PAGER                  |  | WORK PHONE                                       |                                    |
| PRESENT RESIDENCE/ADDRESS  |                                     |  | CITY, STATE, ZIP CODE                            |                                    |
| PRESENT LANDLORD NAME/MORTGAGE CO  |                                     | LANDLORD PHONE NUMBER                          | LENGTH OF RESIDENCY                              | RENT/MORT.<br>\$                   |
| PREVIOUS RESIDENCE/ADDRESS   |                                     |  |  | CITY, STATE, ZIP CODE              |
| PREVIOUS LANDLORD NAME/MORTGAGE CO   |                                     | PREVIOUS LANDLORD PHONE NUMBER                 | LENGTH OF RESIDENCY                              | RENT/MORT.<br>\$                   |
| PREVIOUS RESIDENCE/ADDRESS   |                                     |  |  | CITY, STATE, ZIP CODE              |
| PREVIOUS LANDLORD NAME/MORTGAGE CO   |                                     | PREVIOUS LANDLORD PHONE NUMBER                 | LENGTH OF RESIDENCY                              | RENT/MORT.<br>\$                   |
| PREVIOUS RESIDENCE/ADDRESS   |                                     |  |  | CITY, STATE, ZIP CODE              |
| PREVIOUS LANDLORD NAME/MORTGAGE CO   |                                     | PREVIOUS LANDLORD PHONE NUMBER                 | LENGTH OF RESIDENCY                              | RENT/MORT.<br>\$                   |
| PREVIOUS RESIDENCE/ADDRESS   |                                     | CITY, STATE, ZIP CODE                          |  |                                    |
| REFERRED TO US BY  | PETS OWNED<br>TYPE _____ LBS. _____ | TOTAL NUMBER OF PERSONS<br>TO OCCUPY APARTMENT | DATE APT. NEEDED                                 |                                    |
| DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? ____ YES ____ NO   |                                     |  |  |                                    |
| IF YES, EXPLAIN _____  |                                     |  |  |                                    |
| <b>SPOUSE INFORMATION</b>  |                                     |  |  |                                    |
| SPOUSE NAME  |                                     |  | DATE OF BIRTH                                    |                                    |
| SOCIAL SECURITY NUMBER   |                                     | DRIVER'S LICENSE NUMBER                        |  | STATE                              |
| <b>PERSONS OTHER THAN APPLICANTS TO OCCUPY APARTMENT</b>   |                                     |  |  |                                    |
| NAME   |                                     | RELATIONSHIP                                   |  |                                    |
|  |                                     |  |  |                                    |
| <b>EMPLOYMENT INFORMATION</b>  |                                     |  |  |                                    |
| <b>APPLICANT</b>   |                                     |  | <b>SPOUSE</b>                                    |                                    |
| EMPLOYER   | POSITION                            |  | EMPLOYER   | POSITION                           |
| ADDRESS  | PHONE NUMBER                        |  | ADDRESS  | PHONE NUMBER                       |
| MONTHLY INCOME<br>\$   | PERIOD OF EMPLOYMENT                | SUPERVISOR                                     | MONTHLY INCOME<br>\$                             | PERIOD OF EMPLOYMENT<br>SUPERVISOR |
| OTHER SOURCES OF INCOME  |                                     | CURRENT ANNUAL INCOME                          | OTHER SOURCES OF INCOME<br>CURRENT ANNUAL INCOME |                                    |
| PREVIOUS EMPLOYER  | POSITION                            |  | PREVIOUS EMPLOYER                                | POSITION                           |
| ADDRESS  | PHONE NUMBER                        |  | ADDRESS  | PHONE NUMBER                       |
| PERIOD OF EMPLOYMENT   | SUPERVISOR                          |  | PERIOD OF EMPLOYMENT                             | SUPERVISOR                         |
| <b>FINANCIAL INFORMATION</b>   |                                     |  |  |                                    |
| BANK REFERENCE   | SAVINGS ACCOUNT(S)                  |  | ACCOUNT NUMBER                                   |                                    |
|  | CHECKING ACCOUNT(S)                 |  | ACCOUNT NUMBER                                   |                                    |
| AUTO LOANS   | FINANCED WITH                       |  | ACCOUNT NUMBER                                   |                                    |
|  | FINANCED WITH                       |  | ACCOUNT NUMBER                                   |                                    |
| CHARGE ACCOUNTS  | NAME                                |  | ACCOUNT NUMBER                                   |                                    |
|  | NAME                                |  | ACCOUNT NUMBER                                   |                                    |
| AUTOS OWNED  | MAKE & YEAR                         |  | LICENSE NUMBER                                   |                                    |
|  | MAKE & YEAR                         |  | LICENSE NUMBER                                   |                                    |
| <b>EMERGENCY CONTACT INFORMATION</b>   |                                     |  |  |                                    |
| EMERGENCY CONTACT (1)  |                                     | RELATIONSHIP                                   | COMPLETE ADDRESS                                 | PHONE NUMBER                       |
| EMERGENCY CONTACT (2)  |                                     | RELATIONSHIP                                   | COMPLETE ADDRESS                                 | PHONE NUMBER                       |
| <p>The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the amount received \$ _____ (the "Holding Deposit") will be returned in accordance with state law if applicant is not accepted as a resident. If accepted and subsequently the resident does not move in on the starting date (above), the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. BACO Realty Corporation may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information. I understand that an investigation will be done by Tenant Check, Inc and may include but is not limited to a consumer credit report, verification of employment with salary, rental history, criminal history and I therefore consent to this investigation.</p> |                                     |  |  |                                    |
| APPLICANT'S SIGNATURE  |                                     | DATE   | SPOUSE'S SIGNATURE                               |                                    |
|  |                                     |  |  |                                    |