

APPLICATION TO RENT

There is a non-refundable fee of \$35 to apply

Each Individual Occupant Who is Responsible for Rent Payment MUST Complete a Separate Application Form.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	CELL PHONE NUMBER ()
1. PRESENT HOME ADDRESS		CITY	STATE
		ZIP CODE	
DATES OF RESIDENCY	IS/WAS RENT PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD NAME	LANDLORD PHONE NO. ()
RENT AMOUNT \$	DID YOU GIVE NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE REASON FOR MOVING	
2. PREVIOUS HOME ADDRESS		CITY	STATE
		ZIP CODE	
LENGTH OF TIME	STATE REASON FOR MOVING	LANDLORD NAME	LANDLORD PHONE NO. ()
3. NEXT PREVIOUS HOME ADDRESS		CITY	STATE
		ZIP CODE	
LENGTH OF TIME	STATE REASON FOR MOVING	LANDLORD NAME	LANDLORD PHONE NO. ()
EMAIL ADDRESS:			
HAVE YOU EVER BEEN EVICTED OR ASK TO MOVE? IF YES, PLEASE DESCRIBE			
HOW LONG DO YOU THINK YOU WOULD BE RENTING FROM US?			
PROPOSED OCCUPANT(S)			
DESCRIBE EACH & EVERY PERSON WHO WILL OCCUPY THE PREMISES NOT INCLUDING YOURSELF			
1. Name and Age		2. Name and Age	
3. Name and Age		4. Name and Age	
5. Name and Age		WILL YOU HAVE ANY LIQUID FILLED FURNITURE? IF YES, PLEASE DESCRIBE:	
EMPLOYMENT / FINANCIAL INFORMATION			
PRESENT OCCUPATION		EMPLOYER NAME	
HOW LONG WITH THIS EMPLOYER?	PHONE () NUMBER	EMPLOYER ADDRESS	
NAME OF YOUR SUPERVISOR			
PRIOR OCCUPATION		EMPLOYER NAME	
HOW LONG WITH THIS EMPLOYER?	PHONE () NUMBER	EMPLOYER ADDRESS	
NAME OF YOUR SUPERVISOR			
CURRENT GROSS INCOME \$	<input type="checkbox"/> WEEK <input type="checkbox"/> PER YEAR <input type="checkbox"/> MONTH	AUTOMATIC WITHDRAWAL OF RENTAL PAYMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEED ONE MONTH OF PAYSTUBS		NAME OF YOUR BANK: _____	
		DESIRED MOVE-IN DATE: _____	
PLEASE LIST ALL OF YOUR FINANCIAL OBLIGATIONS (If more creditors, use additional sheet of paper)			
Name of Creditor	Address	Phone Number	Monthly Payment Amount
		()	
		()	

HAVE YOU EVER FILED BANKRUPTCY?

IF YES, DATE BANKRUPTCY FILED AND/OR DISCHARGE

EMERGENCY/PERSONAL REFERENCE INFORMATION

IN CASE OF EMERGENCY, NOTIFY	ADDRESS	PHONE	RELATIONSHIP
1.		()	
2.		()	
PERSONAL REFERENCE	ADDRESS	PHONE	YEARS KNOW
1.		()	
2.		()	

VEHICLE INFORMATION- LIST ALL MOTOR VEHICLE THAT WILL BE AT THE PREMISES

VEHICLE MAKE	MODEL	YEAR	LICENSE NUMBER
1.			
2.			

PET INFORMATION

WILL YOU HAVE ANY PETS? IF YES, PLEASE DESCRIBE:

APPLICANT AUTHORIZATION

Applicant represents that all above statement are true and correct and hereby authorizes P & S Management, through their designated agent and their employees, to obtain and verify my consumer information, but not limited to, credit, criminal, and public records information for the purpose of determining whether or not to lease to me the property at _____

I understand that should I lease this property P & S Management and their agent shall have a continuing right to review my consumer information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

P&S Management Received a payment of \$35.00 which will be used to verify Applicant's credit history and other background information. **All fees and or hold monies are non-refundable.**

The amount charged is itemized as follows:

- 1. Cost of credit report, including any eviction search, and/or verifying reports: **\$28.00**
- 2. P&S Management cost to process and screen applicant's supplied information: **\$ 7.00**
- 3. Total Fee Charged **\$35.00**

DATE

SIGNATURE OF APPLICANT

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

APPLICATION FEE RECEIVED (YES/NO) (MONEY ORDER/CASH)

1 MONTH PAYCH ECKS RECEIVED (YES/NO)

TRANSACTION NUMBER: _____

APPROVED / DISAPPROVED BY: _____

DATE COMPLETED: _____

Rental Verification Form

Thank you for your assistance in completing the Following:

TODAY' DATE: / /2010

APPLICANT NAME: _____ TENANT FILL-IN

PRESENT ADDRESS: _____ TENANT FILL-IN

VACATE DATE: _____

LENGTH OF OCCUPANCY: _____

RENTAL RATE? \$ _____

DID THIS RESIDENT PAY ON TIME? _____ YES _____ NO

IF NO, HOW MANY TIMES LATE? _____

ANY NSF CHECK? _____ YES _____ NO

IF YES, HOW MANY? _____

IS THERE A BALANCE DUE THAT REMAINS OUTSTANDING? _____ YES _____ NO

IF YES, HOW MUCH? _____

PET DAMAGE? \$ _____

DID HE OR SHE SUBMIT PROPER VACATE NOTICE? _____ YES _____ NO

COMMENTS _____

THIS RENTAL VERIFICATION FORM WAS COMPLETED BY: _____

I HEREBY AUTHORIZE P & S MANAGEMENT, THROUGH ITS DESIGNATED AGENT AND ITS EMPLOYEES, TO OBTAIN AND VERIFY MY CONSUMER INFORMATION (INCLUDING CREDIT, CRIMINAL AND PUBLIC RECORDS INFORMATION) FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO RENT TO ME AND I UNDERSTAND THAT SHOULD I RENT THE UNIT AT

_____,
P & S MANAGEMENT AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW MY CONSUMER INFORMATION, RENTAL APPLICATION, PAYMENT HISTORY AND OCCUPANCY HISTORY FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS.

Date

Signature of Applicant

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

PLEASE RETURN THIS AS SOON AS POSSIBLE

FAX: 904-744-6359

TELEPHONE: 904-745-9380 EXT 302

DATE SENT: _____ DATE RETRUN: _____ TRANSACTION NUMBER: _____