



APPLICATION TO RENT

Type of Report: _____

1-888-321-9035 1-888-321-9036 Fax

Property Information	Property Name: _____ Requested By: _____ Move in Date: ____/____/____
	Property Code/Address: _____ Unit# _____ Rent Amnt: _____ Move in Amnt: _____

Personal Information: Incomplete or false information may be grounds for denial of tenancy. Proof of identity may be required.

Applicant Name: _____ Middle: _____ Last: _____
Soc. Sec. #: _____ Birthdate: ____/____/____ Other Names Used: _____
Driver's License #: _____ Address on License: _____ State: _____ Exp. Date: _____
Veh. License Plate: _____ Year: _____ Model: _____ Make: _____ How many pets? _____ Type(s): _____
Cellular Phone #: (____) _____ Day Ph #: (____) _____ E-Mail Address: _____
Bank Name: _____ Checking #: _____ Saving #: _____ Automated Ph.#(____) _____
Emergency Name: _____ Relationship: _____ Phone:(____) _____ Address: _____
Co-Applicant Name: _____ Middle: _____ Last: _____
Soc. Sec. #: _____ Birthdate: ____/____/____ Other Names Used: _____
Driver's License #: _____ Address on License: _____ State: _____ Exp. Date: _____
Veh. License Plate: _____ Year: _____ Model: _____ Make: _____ How many pets? _____ Type(s): _____
Cellular Phone #: (____) _____ Day Ph #: (____) _____ E-Mail Address: _____
Bank Name: _____ Checking #: _____ Saving #: _____ Automated Ph.#(____) _____
Emergency Name: _____ Relationship: _____ Phone:(____) _____ Address: _____

OWN RENT LEASE (circle one) Current Rental Information: Incomplete or false information may be grounds for denial of tenancy.

Current Street Address: _____ Unit#: _____ City: _____ State: _____ Zip: _____ Reason Left: _____
Move In: _____ Move Out: _____ Rent Amnt: _____ Landlord Phone:(____) _____ Apt. Name/LL _____
Co-App Street Address: _____ Unit#: _____ City: _____ State: _____ Zip: _____ Reason Left: _____
Move In: _____ Move Out: _____ Rent Amnt: _____ Landlord Phone:(____) _____ Apt. Name/LL _____

OWN RENT LEASE (circle one) Previous Rental Information: Incomplete or false information may be grounds for denial of tenancy.

Prev. Address: _____ Unit#: _____ City: _____ State: _____ Zip: _____ Reason Left: _____
Move In: _____ Move Out: _____ Rent Amnt: _____ Landlord Phone:(____) _____ Apt. Name/LL _____
Co-App. Prev. Address: _____ #: _____ City: _____ State: _____ Zip: _____ Reason Left: _____
Move In: _____ Move Out: _____ Rent Amnt: _____ Landlord Phone:(____) _____ Apt. Name/LL _____

Employment Information: Proof of pay stubs, tax returns and/or letter of hire may be required. Co-applicant income is NOT additional income.

Current Employer: _____ Full time/Part time: _____ Hire date _____ Term date _____ Rate of Pay: _____
Position: _____ Phone:(____) _____ Address: _____ City: _____ State: _____ Zip: _____
Previous Employer: _____ Full time/Part time: _____ Hire date _____ Term date _____ Rate of Pay: _____
Position: _____ Phone:(____) _____ Address: _____ City: _____ State: _____ Zip: _____
Additional Income Source(s): _____ Amount(s): _____ Phone:(____) _____
Co-App. Employer: _____ Full time/Part time: _____ Hire date _____ Term date _____ Rate of Pay: _____
Position: _____ Phone:(____) _____ Address: _____ City: _____ State: _____ Zip: _____
Co-App Prev. Employer: _____ Full time/Part time: _____ Hire date _____ Term date _____ Rate of Pay: _____
Position: _____ Phone:(____) _____ Address: _____ City: _____ State: _____ Zip: _____
Additional Income Source(s): _____ Amount(s): _____ Phone:(____) _____

List all persons to occupy the property applied for: Please include children

Name: _____ Relationship: _____ Age: _____	Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____	Name: _____ Relationship: _____ Age: _____

Other Information: If additional information can be offered please use a separate sheet of paper.

Has the applicant or co-app filed bankruptcy? Applicant: Yes or No Spouse: Yes or No Date of Discharge: _____
Has applicant or co-app. been charged with a misdemeanor or felony offense? Applicant: Yes or No Spouse: Yes or No
Offense type: _____ Offense: _____ Date: _____ City: _____ State: _____ County: _____
Has applicant or co-app. been evicted or left an apartment/landlord owing money? Applicant: Yes or No Spouse: Yes or No
Date Evicted: _____ Apartment/Landlord Name: _____ Phone: _____ Dates of Residency: _____
Address Evicted From: _____ Unit#: _____ City: _____ State: _____ County: _____

I understand there will be a **Non-Refundable Screening Fee** in the amount of \$ _____. (There will be a \$25 charge on all returned checks)

I understand I acquire no rights to a rental unit until I sign a rental agreement. I understand that upon signing this application a consumer investigation regarding all statements made on this application will be initiated. I understand I have the right to dispute the accuracy of information reported and upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of my rights under the FCRA. I/We certify that all statements made on this application are true and correct to the best of our knowledge. I/We am aware that false, misleading or incomplete information may result in a denial of tenancy or subsequent eviction. I/We authorize **FasTrak Services, Inc** to make or request from an outside agency inquiries to any credit reporting mediums concerning my credit history. I further authorize **FasTrak Services, Inc** to conduct or request from an outside agency a consumer investigation with regard to rental history, employment history, banking, conduct of character, mode of living, criminal charges, evictions, and any other information deemed necessary.

Applicant Signature

Date

Co-Applicant Signature

Date