

APPLICATION TO RENT

Each adult age 18 or older must complete a separate application.



Address applying for _____ Move-in Date _____

Applicant Roommate w/ _____ Section 8

APPLICANT INFORMATION

(LEGAL) Last Name, First, MI		Soc Sec #		Date of Birth				
Other Names Used	Drivers Lic # / State	Email Address		Phone #				
Other Persons to Occupy Rental Unit	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB
Pets to Occupy Unit	1	Name	Type	Weight	2	Name	Type	Weight

RESIDENCE HISTORY

Present Address	City	State	Zip	From	To	Monthly Pmt
Landlord Name	<input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord			Phone Number	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
Previous Address	City	State	Zip	From	To	Monthly Pmt
Landlord Name	<input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord			Phone Number	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

EMPLOYMENT HISTORY

Current Employer	Monthly Salary	Supervisor / Manager Name	Work Phone
Address	How Long?		Occupation/Department
	Yrs	Mos	
Previous Employer	Monthly Salary	Supervisor / Manager Name	Work Phone
Address	How Long?		Occupation/Department
	Yrs	Mos	

ADDITIONAL INCOME – Such as child support, alimony, retirement pay, social security. Need not be disclosed unless required for income qualification purposes.

From _____ Amount \$ _____ every _____

VEHICLE INFORMATION

Year	Make	Model	Color	License # / State
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EMERGENCY INFORMATION

Favorite Relative	Relationship	Address	Phone
Emergency Contact	Relationship	Address	Phone
Personal Reference	Relationship	Address	Phone

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT... 1) HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD? **Yes No**

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Cascade Property Services and CBCInnovis, Inc., whose address is PO Box 1838, Columbus, OH, 43216, and whose telephone number is (877)284-8322, to conduct the screening and future screening to assist with maintaining the terms of future agreements and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law. Applicant understands that he/she acquires no rights with this submission. Furthermore, you understand that an incomplete application causes a delay in processing and may result in denial of tenancy. By signing below, you also certify that to the best of your knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Signed, _____ Dated _____

