

APPLICATION FOR RESIDENCY

Please PRINT CLEARLY and complete a separate application for each adult person who will be living in the home. Screening Fee must accompany the application or it will not be processed. If a line is not filled in, we may not be able to accept the application. You will be required to present 2 pieces of identification for verification purposes. Un-filed or un-screened applications are not kept for more than 30 days. If you have been approved but do not move in with-in 30 days of the date on this application, you must re-apply and pay another screening fee.

DATE OF APPLICATION ____/____/____ SCREENING FEE (\$35 per adult) PAID \$_____ CASH / MO / CHECK # _____

ADDRESS OF LOT WANTING TO LEASE: _____

APPLICANT: _____ SS# _____ DOB _____

(FIRST NAME) (MIDDLE NAME) (LAST NAME)

Personal Phone No. (____)-____-____ Work Phone No. (____)-____-____ Email Address _____

Current Employer _____ Occupation _____ How Long _____ Yearly Income _____

Driver's License # _____ State _____ (Valid) _____ Yes _____ No Issued On ____/____/____ Expires on ____/____/____

Have you ever been convicted of a criminal offense? _____ Yes _____ No (If Yes, what and when? _____)

How Many Pets or Assistance/Service Animals? _____ I Have Submitted the Pet/Assistance/Service Animal Application & Registration? _____ Yes _____ No

Current Address _____ City _____ State _____ ZipCode _____

Year/Month At This Address _____ Reason For Moving _____ Have you ever been evicted as a tenant? _____ Yes _____ No

Landlords Name _____ Phone: (____)-____-____ May we Contact this Landlord for a Reference? _____ Yes _____ No

Previous Address _____ City _____ State _____ ZipCode _____

Year/Month At This Address _____ Reason For Moving _____ Have you ever been evicted as a tenant? _____ Yes _____ No

Landlords Name _____ Phone: (____)-____-____ May we Contact this Landlord for a Reference? _____ Yes _____ No

Personal References (List 2 personal references NOT related to you) & **Credit References** (Bank, Credit Union, Charge Accounts or other credit references):

Credit Reference # 1. _____ Phone No. (____)-____-____

Credit Reference # 2. _____ Phone No. (____)-____-____

Personal Reference # 1. _____ Phone No. (____)-____-____

Address _____ City _____ State _____ ZipCode _____

Personal Reference # 2. _____ Phone No. (____)-____-____

Address _____ City _____ State _____ ZipCode _____

EMERGENCY CONTACT _____ Relationship _____ Phone: (____)-____-____

The statements on this application are true and correct to the best of my knowledge. Authorization is hereby given to check my credit record, to verify my credit, employment and references, and to obtain other such information deemed necessary as a prerequisite for residency. Information may be given to credit reporting agencies and others regarding your credit experience with me. TENANCY WILL BE DENIED if any information is misrepresented on this application. If misrepresentations are found after the rental agreement/lease has been signed, it will be terminated. If application is not accepted, I agree that no reasons will be given. Four Seasons LLC reserves the right to obtain any information in an attempt to collect debt in the future. This is to advise that the undersigned hereby authorize Four Seasons LLC and their representative, agent or management, to obtain a consumer credit report, to conduct a criminal background search, an eviction search and to make any other inquiries as deemed necessary in determining eligibility for tenancy and accessing credit worthiness. I also understand that the information set out in the rental application form may be used for purposes of responding to emergencies, ensuring the orderly management of the tenancy, complying with the legal requirements and for collection purposes should rent be left owing or rental property damaged at termination of lease or end of tenancy. If requested, I have also received a copy of the FCRA Summary of Rights and understand its contents.

APPLICANT SIGNATURE _____ DATE _____