

RENTAL APPLICATION

1



Property Management (Owner/Agent): _____ Screening Charge \$ _____
Manager Phone: 234-214-8331 Address: _____
Requested Rental Property (Name/Address): _____
Unit (No./Type): _____ Move In Date: _____ Proposed Monthly Rent: \$ _____
Property Smoking Policy: Prohibited Allowed (Entire Premise) Allowed (Limited Areas Per Management)
Good Faith Estimate: There are approximately _____ comparable units currently or soon to be available and _____ applications for those units have been accepted and are currently under consideration. (1 and 0 respectively if blank)

Owner/Agent charges a screening charge as set forth above and may obtain a consumer and/or investigative consumer report ("Report") regarding you, the applicant below, prepared by AmRent Consumer Relations, PO Box 3027, Pittsburgh, PA 15230-3027, Phone: 888-898-6196, another agent of Owner/Agent, and/or Owner/Agent itself. The Report may include information regarding your credit, income, employment, rental history and criminal records and may include information as to your character, general reputation, personal characteristics and mode of living. Information and disclosures regarding your rights under federal and state consumer reporting and ID theft protection laws regarding the nature and scope of the investigation and the storage and disposal of your information and remedies available if Owner/Agent has not maintained secured records are available upon request. You have the right to dispute the accuracy of the information contained in the Report.

I certify that the information provided in this application is correct and complete and hereby authorize Owner/Agent to obtain a Report, as described above, and make any inquires necessary to evaluate my tenancy, credit standing and ability to pay. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I have received, read and understand Owner/Agent's Screening Criteria.

Applicant Signature: _____ Date: _____

Renter Co-Signer Applying with/for: _____

Applicant Name: _____

Phone: _____ - _____ - _____ Email: _____

SSN: _____ - _____ - _____ Other Name(s) Used: _____

Date of Birth: ____/____/____ Photo ID(No./Type): _____ Verified Yes No

Current Address: _____ City: _____ State: _____ Zip: _____

Own Rent Landlord/Complex: _____ Phone: _____

Monthly Payment: \$ _____ Move In Date: _____ Have you given notice? Yes No

Previous Address: _____ City: _____ State: _____ Zip: _____

Own Rent Landlord/Complex: _____ Phone: _____

Monthly Payment: \$ _____ Move In Date: _____ Move Out Date: _____

Current Employer: _____ Phone: _____

Self-Employed? Yes No Location: _____ City: _____ State: _____ Zip: _____

Gross Monthly Income: \$ _____ Position: _____ Hire Date: _____

Previous Additional Employer: _____ Phone: _____

Position: _____ Location: _____ City: _____ State: _____ Zip: _____

Gross Monthly Income: \$ _____ Hire Date: _____ End Date: _____

RENTAL APPLICATION

Animal(s) Vehicle(s) Other Occupant(s)

Name: _____ DOB: ____ / ____ / ____ SSN: ____ - ____ - ____

Name: _____ DOB: ____ / ____ / ____ SSN: ____ - ____ - ____

Name: _____ DOB: ____ / ____ / ____ SSN: ____ - ____ - ____

Name: _____ DOB: ____ / ____ / ____ SSN: ____ - ____ - ____

Make/Model: _____ Color: _____ License Plate: _____

Make/Model: _____ Color: _____ License Plate: _____

Type: _____ Age: _____ Breed: _____ Weight: _____

Type: _____ Age: _____ Breed: _____ Weight: _____

Bank(s) In Case Of Death Emergency Contact

Name: _____ Phone: ____ - ____ - ____

Address/City/State/Zip: _____

Name: _____ Phone: ____ - ____ - ____

Address/City/State/Zip: _____

Name(s): _____

Why are you vacating your present place of residence? _____

Do you intend to use: Waterbed Aquarium Musical Instrument: _____

In the last 5 years have you been or are you in the eviction/foreclosure process? No Yes : date(s): _____

In the last 10 years have you filed or are you currently filing for bankruptcy? No Yes : date(s): _____

Have you or any other occupants ever been convicted of or pled guilty or no contest to any felony of misdemeanor?
 No Yes : describe: _____

The following information is subject to change prior to execution of a Rental Agreement. Additional Written Notice(s) Attached: No Yes
The actual amount(s) charged will depend on unit size and type, screening results and other factors.

Renter's Insurance: Required, Minimum Amount \$ _____ (\$100,000 if blank) Not Required

Maximum Potential Rent \$ _____ Security Deposit Min \$ _____ Max \$ _____

Rent(s)/Deposit(s): _____ \$ _____ \$ _____ \$ _____

If this application is approved, applicant will have _____ hours from the time of notification to execute an agreement and make all deposits required thereunder. If applicant fails to act within the timeframe above it will constitute a refusal of the unit and the next application will be processed.

Owner/Agent Signature: _____ Date/Time Received: _____

Decision: Approved Declined/Conditions - Adverse Action Notice Provided Method/Date/Time: _____

TENANT BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

I understand the Big Guy Properties LLC, Owner/Agent and AmRent Consumer Relations will be preparing my tenant screening report and I authorize them to obtain consumer credit/criminal history information on me. I authorize my creditors and employers to release to Big Guy Properties LLC, Owner/Agent and AmRent Consumer Relations all information necessary to complete said report. I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use, and request of such a copy be honored fully. This consent is subject to written revocation at any time except to the extent that action has been taken in reliance there on. In any event, this consent shall expire upon the conclusion of said report.

Date: _____

Applicant Name: _____ **Social Security #:** _____ - _____ - _____

Other names used: _____ **DOB:** _____

Applicant Signature: _____

Co-Applicant Name: _____ **Social Security #:** _____ - _____ - _____

Other names used: _____ **DOB:** _____

Co-Applicant Signature: _____

Property/Complex Name: _____

You are **REQUIRED** to provide all previous residences with the last ten (10) years. Please list below each residence along with the dates of residence. Please use a separate sheet of paper if necessary, including your signature.

Dates	Address	City	State	Zip