

# ADD BUILDING NAME HERE

A professionally managed property of Spectrum Real Estate Services, Inc.

## RENTAL APPLICATION

(FIRST, LAST, MI.) NAME			SOCIAL SECURITY			(area code) CELL PHONE / PAGER					
DATE OF BIRTH		DRIVERS LICENSE NO.		STATE		(area code) HOME PHONE			(area code) WORK PHONE		
<b>1</b>	PRESENT ADDRESS		STREET			CITY			STATE	ZIP CODE	APT. #
	DATE IN	DATE OUT	OWNER / MGR. NAME			(area code) DAY PHONE			(area code) EVENING PHONE		
	REASON FOR MOVING								YOUR EMAIL ADDRESS		
<b>2</b>	PREVIOUS ADDRESS		STREET			CITY			STATE	ZIP CODE	APT. #
	DATE IN	DATE OUT	OWNER / MGR. NAME			(area code) DAY PHONE			(area code) EVENING PHONE		
	REASON FOR MOVING										
<b>3</b>	NEXT PREVIOUS		STREET			CITY			STATE	ZIP CODE	APT. #
	DATE IN	DATE OUT	OWNER / MGR. NAME			(area code) DAY PHONE			(area code) EVENING PHONE		
	REASON FOR MOVING										
LIST ALL PROPOSED OCCUPANTS INCLUDING YOURSELF	NAME			AGE		NAME			AGE		
PLEASE CHECK <input checked="" type="checkbox"/> IF YOU WILL HAVE ANY OF THE FOLLOWING AT THE RESIDENCE FOR WHICH YOU ARE APPLYING:								DO YOU OR ANY OF YOUR ROOMATES SMOKE?			
<b>WATER BEDS</b> <input type="checkbox"/> <b>ANY PETS</b> <input type="checkbox"/> <b>TYPE:</b> <b>ANY MUSICAL INSTRUMENTS</b> <input type="checkbox"/>								<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
<b>A</b>	PRESENT OCCUPATION					EMPLOYER NAME					
	HOW LONG WITH THIS EMPLOYER					EMPLOYER ADDRESS					
	NAME OF YOUR SUPERVISOR					EMPLOYER (area code) PHONE NO.					
<b>B</b>	PREVIOUS OCCUPATION					EMPLOYER NAME					
	HOW LONG WITH THIS EMPLOYER					EMPLOYER ADDRESS					

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NAME OF YOUR SUPERVISOR		EMPLOYER (area code) PHONE NO.	
CURRENT GROSS INCOME \$ PER	PLEASE CHECK "X" APPLICABLE PERIOD		
	WEEK <input type="checkbox"/>	MONTH <input type="checkbox"/>	YEAR <input type="checkbox"/>
<b>PLEASE LIST ALL FINANCIAL OBLIGATIONS BELOW</b>			
NAME OF YOUR BANK	(area code) PHONE NUMBER	CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER
NAME OF CREDITOR	ACCOUNT NUMBER	CREDITOR'S (area code) PHONE NUMBER	MO. PAYMENT
			BALANCE
			DATE OPENED
IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	(area code) PHONE	CITY
			RELATIONSHIP
PERSONAL REFERENCES	ADDRESS	(area code) PHONE	CITY
			YEARS KNOWN
			OCCUPATION
AUTOMOBILE MAKE:	MODEL:	YEAR:	LICENSE NUMBER:
			STATE:
AUTOMOBILE MAKE:	MODEL:	YEAR:	LICENSE NUMBER:
			STATE:
MOTORCYCLE, BOATS OR OTHER VEHICLES:	TYPE:	MODEL:	YEAR:
			LICENSE NUMBER:
			STATE:
HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? YES <input type="checkbox"/> NO <input type="checkbox"/>		CIRCUMSTANCE:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		EXPLAIN:	
HAVE YOU EVER FILED FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/>		EXPLAIN:	
DO YOU HAVE GOOD CREDIT? YES <input type="checkbox"/> NO <input type="checkbox"/>		EXPLAIN:	
PLEASE CHECK X HOW YOU FIRST FOUND THIS RENTAL: NEWSPAPER <input type="checkbox"/> SAW A FLYER <input type="checkbox"/> SAW A YARD SIGN <input type="checkbox"/> INTERNET <input type="checkbox"/> REFERRAL <input type="checkbox"/>			

APPLICANT REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING BUT NOT LIMITED TO THE OBTAINING OF A CREDIT REPORT

Dated: \_\_\_\_\_

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\_\_\_\_\_  
APPLICANT SIGNATURE

### ASSOCIATION CODE FOR EQUAL OPPORTUNITY

Equal opportunity in the rental industry can best be accomplished through leadership, example, education and the cooperation of the owners, managers and the public. In the spirit of this endeavor, this association adheres to the following provisions:

1. In the rental, lease, sale, purchase or exchange of real property, owners and their managers have the responsibility to offer housing accommodations to all prospects without regard to color, race, religion, sex, marital status, physical handicaps, national origin or any unlawful discrimination, including all other statutes applicable to equal opportunities.
2. Members shall stand ready to enter into owner / resident relationships and to show housing accommodations to all equally.
3. Members, individually and collectively, in performing these functions have no right or responsibility to volunteer information regarding the racial, creed or ethnic composition of any neighborhood or any part thereof unless required by law.
4. Members shall not print, display or circulate any statement or advertising with respect to the rental or sale of a dwelling that indicates any preference, limitations or discrimination.

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE MANAGER.

Or mail, along with a **\$25\*** fee for each adult to:

**ADD MANAGER NAME**

\* Cashiers Check or Money Order Only

**MANAGER ADDRESS**

Payable to Spectrum Real Estate Services Inc.

Or print out all pages, and submit a set for each adult, along with the appropriate fee, to the

Apartment Manager at the time of showing. Please provide (**area codes**) with all telephone numbers.

If you have any rental or application questions, please call Manager **ADD PHONE #** (phone).