



REFERENCE

NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____

NON-RELATIVE REFERENCE _____ Phone (____) _____ - _____ How you are acquainted _____

EMERGENCY CONTACT _____ Phone (____) _____ - _____ How you are acquainted _____

CREDIT ACCOUNTS

CREDITORS NAME	ADDRESS/PHONE	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any signer ever been sued for bills? Yes No Has any signer ever been sued for eviction? Yes No

Has any signer ever filed bankruptcy? Yes No Has any signer ever been guilty of a felony? Yes No

Has any signer ever broken a lease? Yes No Is the total move-in amount available now (rent and deposit)? Yes No

Name which company your utilities are now billed and account number _____ # _____

Explain any "YES" answers here (include names and details) _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____ DATE _____/_____/_____

APPLICANT

DO NOT WRITE BELOW THIS LINE - THIS SECTION TO BE COMPLETED BY THE PALISADES AT PLEASANT CROSSING

DATE RECEIVED ____/____/____ DATE PROCESSED ____/____/____ AGENT _____ UNIT APPLIED FOR: _____

EMPLOYMENT VERIFICATION

EMPLOYMENT DATES VERIFIED Yes No

MONTHLY INCOME VERIFIED Yes No

SPOKE WITH _____ DATE ____/____/____

NOTES: _____

RESIDENCY VERIFICATION

RESIDENCY DATES VERIFIED Yes No

MONTHLY RENTAL AMT VERIFIED Yes No

SPOKE WITH _____ DATE ____/____/____

NOTES: _____

REFERENCE VERIFICATION: _____

NOTES: _____

REFERENCE VERIFICATION: _____

NOTES: _____

APPROVED Yes No If No, explain _____

TENANT NOTIFIED Yes No THEY ACCEPTED Yes No If No, explain _____

DEPOSIT \$ _____.00 PAID Yes No DATE ____/____/____ RENT AMT \$ _____.00 LEASE TERM 6Mo 12Mo Other ____ Mo

PRORATE Yes No AMT \$ _____.00 MOVE-IN DATE ____/____/____ LEASE EXPIRES ____/____/____ KEYS ____ FD ____ MB ____ SC

PET Yes No #PETS ____ PET DEPOSIT AMT \$ _____.00 PAID Yes No DATE ____/____/____ PET NOTES _____

UTILITIES PAID BY TENANT Gas Electric Water SHUT OFF SCHEDULED Yes No SHUT OFF DATE ____/____/____