APPLICATION FOR RENTAL OCCUPANCY

Rental History Reports
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REQUESTED PROPERTY

Address		City, State Zip	
Unit Size (Number of Bedrooms)	Rent Amount	Deposit Amount	Desired Move-In Date

PRIMARY APPLICANT

Full Name	Date of Birth	Social Security #	Drivers License #
Present Address	Apt #	Primary Phone	Alternate Phone
City, State Zip		Moved In	Moved Out
Present Landlord/Caretaker		Caretaker's Phone	Rent Paid
Reason For Leaving Present Address		Email Address:	
Previous Address	Apt #		
City, State Zip		Moved In	Moved Out
Previous Landlord/Caretaker		Caretaker's Phone	Rent Paid

SOURCE OF INCOME (EMPLOYMENT IF EMPLOYED)

Present Employer	Salary (monthly)	Start Date	End Date
Position	Supervisor's Name		Phone
Previous Employer	Salary (monthly)	Start Date	End Date
Position	Supervisor's Name		Phone

ADDITIONAL INCOME SOURCES

Source	Amount (monthly)	Verification Phone
Source	Amount (monthly)	Verification Phone

EMERGENCY CONTACTS

Emergency Contact Name	Address	Phone #	Email
Name of Nearest Relative	Address	Phone #	Email

LIST ALL ADDITIONAL OCCUPANTS

Name	Age	Relationship
Name	Age	Relationship

ADDITIONAL INFORMATION

Ever filed bankruptcy?	Ever refused to pay rent when due?	Ever been evicted?	Ever been convicted of a criminal offense other than a traffic violation?	Do you or does any member of your household smoke?

Do you have any pets?	If yes, describe Pets	
Auto Make/Model #1	Auto License Plate Number #1	Driver's License State/#
Auto Make/Model #2	Auto License Plate Number #2	

I, _____, authorize Rental History Reports to do a complete investigation of all information provided with my application for residency. I have personally filled in and/or reviewed all information within the application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MPHA), Employment Verification, Eviction Records and Personal Interviews with references. This authorization is for this transaction only and continues for (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. I authorize Rental History Reports to use my Visa/MasterCard/American Express account number in Payment of Services Rendered (Merchandise purchased is a resident screening report). I acknowledge that Rental History Reports provides reports by written, electronic or verbal instructions to property managers of my choice and does not participate in the approval or denial process, and does not guarantee an approval. My submitting this application below acknowledges and agrees with all terms above and authorizes companies to release rental, job history (including salary), eviction, credit and criminal record information.

Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant's Signature _____

CRIME FREE LEASE ADDENDUM

In consideration of the execution or renewal of the lease of the dwelling unit identified in the attached lease, Property Owner/Manager and Resident agree as follows:

I) Resident, any members of the resident's household, a guest or other person under the resident's control, shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug-related criminal activity" means the **illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance** (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]).

2) Resident(s), any member of the resident's household, a guest or other person under the resident's control, shall not engage in **any act intended to facilitate criminal activity,** including drug-related criminal activity, on or near the said premises.

3) Resident or members of the household **will not permit the dwelling unit to be used for, or to facilitate criminal activity,** including drug-related criminal activity regardless of whether the individual engaging in such activity is a member of the household, or a guest.

4) Resident, any member of the resident's household, a guest, or another person under the resident's control, shall not engage in the **unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance** at any location, whether on or near the dwelling unit or otherwise.

5) Resident, any member of the resident's household, a guest or another person Wlder the resident's control, shall not engage in any criminal activity, including **prostitution, criminal street gang activity, threatening, intimidating, or assaultive behavior** inc]uding but not limited to the **unlawful discharge of firearms,** on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety, and welfare of the landlord, his agent or other residents and/or involving imminent or actual serious property damage.

6) VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.

7) In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of this addendum shall govern.

8) This lease addendum is incorporated into the lease executed or renewed this day between Property Owner/Manager and Resident(s).

It **is understood and agreed that a single violation shall be good cause for termination of this lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by the preponderance of the evidence.**

Management or Owner Signature	Management or Owner Signature
Date	Date
Resident Signature	Resident Signature
Date	Date