

RENTAL APPLICATION

Personal Information

Name Last, First, Middle		Email Address	
Home Phone	Work Phone	Cell Phone	
Name of Co-Applicant		Other Occupants (Relationship & Age)	
Pets (Describe, size & weight)			
In Case of Emergency Notify: Name		Phone	
Address Street, City, Zip		Relationship	
How did you hear about this vacancy?			

Employment History

	Present Employment	Co-Applicant Employment
Occupation		
Position or Title		
Employer		
Business Address		
Business HR Phone		
Manager's Name		
Dates of Employment	From: To:	From: To:
Income Before Taxes (per pay period)		

Residence History

Dates From To	Your Current Address	Landlord's Name	Landlord's Phone #

Have you ever filed a petition for bankruptcy? _____ Have you ever been evicted from any tenancy? _____ Have you ever willfully and intentionally refused to pay any rent when due? _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

I agree that Management may terminate any agreement entered into if any misstatement made above was assumed true and used in the decision to grant Tenancy.

Applicant: _____ Applicant: _____ Date: _____

AMS ties

**Applicant's Authorization to Conduct Background Check
Disclosure and Release**

Today's date ____ / ____ / ____

In consideration of my application for leasing, employment, credit or other legitimate business transaction, I hereby give authorization to conduct any inquiries deemed necessary to verify the accuracy of the information submitted in my application. This Authorization allows verification of the information through both public and private sources.

Names and dates of previous employers, reason for termination, work experience, accidents, and any other related information may be verified. I further understand and agree that requests for transcripts from educational institutions may be requested, and the verification of licenses or certifications may be ordered and examined. I understand that if I am denied employment as a result of these inquiries, I am entitled to be furnished with and examine any such record immediately. If I am denied any other benefit as a result of this inquiry I will be given a "LETTER OF ADVERSE ACTION" which will allow me to gain free access to those records directly from the file keeper of the information.

I understand that that sources may report public information concerning my driving record, workers compensation claims, credit history, bankruptcy proceedings, criminal records or others files from federal or state agencies that maintain such records as well as from private agency data-bases that collect those records. I have read the information on this page and I understand my rights under the Fair Credit Reporting Act and my right to privacy. Furthermore, I allow this verification freely and voluntarily.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY AMSties INC. TO FURNISH THE ABOVE-DESCRIBED INFORMATION; A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL

APPLICANT: TYPE OR PRINT CLEARLY

LAST NAME _____ FIRST NAME _____ M.I. _____

SS # ____ - ____ - ____ DRIVERS LICENSE # _____ DOB ____ / ____ / ____

ADDRESS** _____ , _____ , _____ , _____ , _____
STREET TOWN STATE ZIP

** If less than two years include former address:

ADDRESS _____ , _____ , _____ , _____ , _____
STREET TOWN STATE ZIP

CO-APPLICANT: TYPE OR PRINT CLEARLY

LAST NAME _____ FIRST NAME _____ M.I. _____

SS # ____ - ____ - ____ DRIVERS LICENSE # _____ DOB ____ / ____ / ____

ADDRESS** _____ , _____ , _____ , _____ , _____
STREET TOWN STATE ZIP

** If less than two years include former address:

ADDRESS _____ , _____ , _____ , _____ , _____
STREET TOWN STATE ZIP

Applicant Signature X _____

Co-Applicant Signature X _____