



## APPLICANT LEASING CHECKLIST

Dear Applicant,

Thank you for choosing our community as your new home.

Onsite Screening will verify the information you provide on your application. To facilitate the processing of your application, the following information is required:

1. Proper notice must be provided to current Landlord.
2. Daytime phone number for both current and previous Landlord.
3. Move-in and move-out dates, rent amount, and unit number.
4. Correct Social Security number, birth date, Driver's License number and state of issue.
5. Daytime phone numbers for both current and previous employer, hire date, and monthly income.
6. If self-employed, retired, or a trust fund benefactor, proof of income is required. Proof if income is as follows: a copy of last year's W-2 with pay-stubs and/or bank statements.
7. Daytime phone number where you can be reached.
8. All persons 18 years of age or older must fill out separate applications unless they are legally married.

**I understand if any of this information is not provided when the application is submitted, it will delay the processing or may result in an immediate rejection of my application.**

_____ Applicant Print Name	_____ Applicant Signature	_____ Date
_____ Co-Applicant Print Name	_____ Applicant Signature	_____ Date

# Richardson Properties, LLC Rental Application

## For Office Use

Desired Date of Occupancy: \_\_\_\_\_ Date Application Rec'd: \_\_\_\_\_ Time Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Property/Phase: \_\_\_\_\_ Apartment #: \_\_\_\_\_ Style: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

W/D: \_\_\_\_\_ Move In Date: \_\_\_\_\_

HOW DID YOU HEAR ABOUT  
US? \_\_\_\_\_

## PLEASE TELL US ABOUT YOURSELF:

First Name/Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Driver's License #/State Issued \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ E-mail Address \_\_\_\_\_

Married  Never Married  Widowed  Divorced  Separated  Legally Separated \_\_\_\_\_ Maiden Name \_\_\_\_\_

## PLEASE LIST OTHER OCCUPANTS AND THEIR RELATIONSHIP TO YOU:

First Name/Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Driver's License #/State Issued \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ E-mail Address \_\_\_\_\_

First Name/Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Driver's License #/State Issued \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ E-mail Address \_\_\_\_\_

First Name/Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Driver's License #/State Issued \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ E-mail Address \_\_\_\_\_

Do you or any other household member have any pets?  Yes  No If yes, please describe: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Type \_\_\_\_\_ Color \_\_\_\_\_

Have you or any other household member ever broken a lease or been evicted from an apartment?  Yes  No If yes, explain: \_\_\_\_\_

Have you or any other household member ever been convicted of a drug related crime?  Yes  No If yes, explain: \_\_\_\_\_

Have you or any other household member ever been convicted of a felony?  Yes  No

**PLEASE TELL US ABOUT YOUR PAST 2 YEARS RESIDENCE HISTORY, BEGINNING WITH MOST CURRENT ADDRESS:**

**Current Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Management or Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Manager's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Month and year moved in? \_\_\_\_\_ Monthly Rent? \$ \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

**Previous address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Management or Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Manager's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Month and year moved in? \_\_\_\_\_ Monthly Rent? \$ \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR AUTOMOBILE:**

<u>Year of Automobile</u>	<u>Make / Model</u>	<u>Color</u>	<u>License Plate Number</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMERGENCY INFORMATION: In Case of Emergency, Please Notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In case of a serious illness, accident or death is this person authorized to enter and remove all of resident's property?  
 YES  NO

**PLEASE LIST ALL EMPLOYMENT INCOME OF EVERY HOUSEHOLD MEMBER:**

<u>Household Member</u>	<u>Employer/Start Date</u>	<u>Supervisor / Phone / Fax</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE LIST ALL OTHER INCOME OF EVERY HOUSEHOLD MEMBER:**

*(Include all income anticipated for the next 12 months)*

This includes, but is not limited to, public assistance, social security, pension, SSI, military pay, disability compensation, child support, educational loans, scholarships and grants, annuities.

<u>Household Member</u>	<u>Source</u>	<u>Address</u>	<u>Amount</u>	<u>Per</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>For office use only</b>	
Date pre-qualified: _____	by: _____
Date applicant notified by phone: _____	by: _____
Date application approved: _____	by: _____
Date approval mailed (if necessary): _____	by: _____
Date applicant paid deposit: _____	by: _____
Date denied / cancelled mailed: _____	by: _____

If Management and/or its agents have any questions about this application, please give **PHONE NUMBERS** where you can be reached:

Day Phone: _____	Night Phone: _____	Cell Phone: _____	Pager: _____
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I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that determination of my/our eligibility for housing will be based on applicable program guidelines and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

_____ Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date

Once your application has been approved your security deposit is no longer refundable. If your application is denied for any reason your deposit is refundable.

# AUTHORIZATION FOR RELEASE OF INFORMATION



## CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation. I further authorize credit bureaus, collection agencies, or future landlords to release and verify information. This includes records on my payment history, and any violations of my lease or occupancy policies.

## INFORMATION THAT MY BE OBTAINED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status  
Medical or Child Care Allowances  
Residences and Rental Activity

Employment, Income, and Assets  
Credit and Criminal Activity

## GROUP OR INDIVIDUAL CONTACTS

The groups or individuals that my be contacted to release the above information (depending on program requirements) includes but are not limited to:

Previous Landlords  
Public Housing Agencies  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies

Credit Providers and Credit Bureaus  
Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers  
Veterans Administration  
Banks and Other Financial Institutions

## CONDITIONS

I agree that a photocopy or fax of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I have a right to review my file and correct any information that I can prove is incorrect.

## SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.