

Landlord Protection Service

**This application must be completed in full to assure prompt processing. Co-tenants other than the spouse must use separate applications.

PLEASE INDICATE SERVICE REQUESTED: FULL REPORT _____ MINI REPORT _____ OTHER _____

Apartment# _____ Move in Date _____ Rent Amount _____ Other Amount _____ Lease Term _____

Applicant's Last Name (Please Print) First Middle Birth date Social Security Number

Spouse's Last Name (Please Print) First Middle Birth date Social Security Number

Applicant's Telephone No. Applicant's Driver's Lic. No. State Spouse's Diver's Lic. No. State

Other persons to occupy rental property:	FULL NAME	SS#	RELATIONSHIP TO APPLICANT	DOB	FULL NAME	SS#	RELATIONSHIP TO APPLICANT	DOB
1.				2.				
3.				4.				

RENTAL HISTORY

APPLICANTS Present Address	Apt #	City	State	Zip	How Long	Own	Landlords day #	Monthly Rent Paid:
Name and Address of Present Landlord	___Mortgage Co	___Apartment Community	___Other				Landlords evening #	\$
APPLICANTS Previous Address	Apt #	City	State	Zip	How long	Own	Landlords day #	Monthly Rent
Name and Address of Previous Landlord	___Mortgage Co	___Apartment Community	___Other				Paid	\$

EMPLOYMENT HISTORY

APPLICANT Employed By	Department	Supervisor's Name				
How Long						
Address	City	state	zip	Phone	Position Held	Salary
Previous or 2nd Employment	Department	Supervisors Name	How Long			
Address	City	State	Zip	Phone	Position Held	Salary
Spouse Employed By	Department	Supervisors Name				
How Long						
Address	City	State	Zip	Phone	Position Held	Salary

CREDIT & LOAN REFERENCES

Auto # 1 (year, make, model, color)	License Plate #	State	Payments made to	Monthly Payment
Auto # 2 (year, make, model, color)	License Plate #	State	Payments made to	Monthly Payment
Loans	Account #	Address	Total Debt	Monthly Payment
Bank	Branch	Checking Account #	Savings	Account #

IMPORTANT INFORMATION

Name of Applicants Nearest Relative	Relationship	Address	City	State	Z	i	p
Name of Applicants Nest Nearest Relative	Relationship	Address	City	State	Zip	Phone	
EMERGENCY CONTACT	Relationship	Address	City	State	Zip	Phone	

Personal Reference	Relationship	Address	City	State	Zip	Phone
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Ever been evicted or given notice to vacate? YES NO Ever been convicted of a crime? YES NO

If you've answered yes to either of the above questions, please explain:

Date of bankruptcy

Ever filed for bankruptcy? YES NO Do you smoke? YES NO

NON-REFUNDABLE APPLICATION PROCESSING FEE \$ _____

In compliance with the Fair Credit Reporting act, we are informing you that information as to your character, general reputation and mode of living will be verified. I, as the prospective tenant agree that facts set forth in this application are true and complete, and that a complete investigation of all on this application will not constitute invasion of privacy. I authorize Landlord Protection service to obtain credit reports, bank information, employment information, and/or character reports as necessary. I authorize my employers and references to release such information as necessary. LPS has my permission to release information found in screening. I understand that any misrepresentation will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be grounds fro denial of tenancy, or subsequent eviction. You have the right to dispute the accuracy of the information reported and upon written request, the right to obtain a copy of any and all reports obtained during the screening process of your application.

Applicant Signature

Date

Applicant Signature

Date