

EXECUTIVE MANAGEMENT SERVICES

4141 B Street, Suite 209
 ANCHORAGE, AK 99503
 OFFICE: 907-563-4646 * FAX: 907-562-0699 Email: emsrecep@acsalaska.net

Contact Phone Number: _____ Date: _____

APPLICATION TO RENT

(Confidential – For Use of Management Only)

Individual Application Required from Each Non-Spouse Adult Occupant

I/We apply to rent Apartment # _____ Located at _____

At a monthly rental rate of \$ _____. If My/Our application is accepted I/We agree not to sublet the premises or add any occupants, other than those listed on this application without written consent of the owner/manager.

I/We understand that all rents are due and payable in advance on the due date each and every month and are payable at the manager's apartment building or his qualified agent at designated address. Also, that in the event of My/Our vacating, I/We are to give (30) days advance written notice by law.

<u>PERSONAL DATA</u>	<u>SPOUSE'S PERSONAL DATA</u>
LAST NAME: _____	LAST NAME: _____
FIRST NAME: _____ M.I. _____	FIRST NAME: _____ M.I. _____
SOCIAL SECURITY #: _____ - _____ - _____	SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: (MM/DD/YY) _____	DATE OF BIRTH: (MM/DD/YY) _____

OTHER PROPOSED OCCUPANTS

FULL NAME	RELATIONSHIP	DOB	SOCIAL SECURITY #

RENTAL HISTORY

	ADDRESS	CITY/STATE	ZIP	LANDLORD	PHONE	DATES
NOW						
PREVIOUS						
PREVIOUS						

REASON FOR VACATING PRESENT RESIDENCE:

PETS?:

IF YES, DESCRIBE:

	DRIVER'S LICENSE NUMBER	ISSUING STATE	EXPIRATION
SELF			
SPOUSE			

CAR MAKE	MODEL	YEAR	COLOR	LICENSE #/STATE



WE SUBSCRIBE TO TENANT WATCH

	PRESENT OCCUPATION	PREVIOUS OCCUPATION	PREVIOUS OCCUPATION
OCCUPATION/RANK			
EMPLOYER/SQDN/BATTALION			
BUSINESS ADDRESS			
BUSINESS PHONE			
TYPE OF BUSINESS			
SUPERVISOR NAME/TITLE			
LENGTH OF EMPLOYMENT			
MONTHLY GROSS INCOME			

REFERENCE DATA

BANK REFERENCE & ACCOUNT # _____
ADDRESS & PHONE # _____
CREDIT REFERENCE & ACCOUNT # _____
ADDRESS & PHONE # _____

CREDIT CARDS

<input type="checkbox"/> MASTERCARD EXPIRATION DATE: _____	<input type="checkbox"/> VISA EXPIRATION DATE: _____	<input type="checkbox"/> DISCOVER EXPIRATION DATE: _____	<input type="checkbox"/> AMEX EXPIRATION DATE: _____	<input type="checkbox"/> OTHER EXPIRATION DATE: _____
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HAVE YOU EVER FILED BANKRUPTCY? YES NO

IF YES, WHEN & WHY: _____

HAVE YOU EVER BEEN EVICTED FROM TENANCY: YES NO

IF YES, WHEN & WHY: _____

HAVE YOU EVER REFUSED TO PAY ANY RENT WHEN DUE: YES NO

IF YES, WHEN & WHY: _____

PERSONAL REFERENCE

NAME: _____ PHONE#: _____
ADDRESS: _____ RELATIONSHIP: _____

NEAREST RELATIVE:

NAME: _____ PHONE#: _____
ADDRESS: _____ RELATIONSHIP: _____

I/We represent that the information completed on this form is true and accurate. I/We understand this information will be used by the landlord to evaluate My/Our rental application and that no property will be leased or rented unless this form is completed. I/We authorize the release of the information to Credit Services, Inc. dba Tenant Watch (TW), any national credit repository or credit reporting agency or any other person or company in order to supply the landlord with information requested concerning me/us.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

THIS APPLICATION WAS APPROVED ON: _____ BY: _____