

RENTAL APPLICATION MARKET



P: _____ F: _____

Office Use Only

Interview Date: _____ **Bedroom Size:** _____ **Apartment #:** _____ **Section 8:** Yes No
Desired Move In Date: _____ **Desired Floor:** _____ **Deposit Amt:** \$ _____ **Rent Amt:** \$ _____
Advertising Source: _____

Section I – Household Composition

Head of Household

First	MI	Last	Relationship	M/F	Social Security Last 4 numbers	Date of Birth	ID # & State <i>(18yrs + Only)</i>

Home Phone: ____ - ____ - _____ Work Phone: ____ - ____ - _____ Mobile Phone: ____ - ____ - _____

Email Address: _____@_____.

Marital Status: Married Never Married Widow(er) Divorced Separated Legally Separated

Please List Any Other Occupants and Their Relationship to You

First	MI	Last	Relationship	M/F	Social Security Last 4 numbers	Date of Birth	ID # & State <i>(18yrs + Only)</i>

Section II – Residence History

Please tell us about your residence history. **All residence history must total 2 years.**

Current Address:

Street: _____ City: _____ State: _____ Zip Code: _____
 Month/Year Moved In: ____/____ Monthly Rent/Mortgage: \$ _____ Rent Own Not Applicable
 Management Company or Owner: _____ Phone #: ____ - ____ - _____ Fax#: ____ - ____ - _____
 Reason for Leaving: _____

Previous Address:

Street: _____ City: _____ State: _____ Zip Code: _____
 Month/Year Moved In: ____/____ Monthly Rent/Mortgage: \$ _____ Rent Own Not Applicable
 Management Company or Owner: _____ Phone #: ____ - ____ - _____ Fax#: ____ - ____ - _____
 Reason for Leaving: _____

Section III – Background, Credit, & General Information

Please answer the following questions truthfully. Failure to do so may result in denial of your application. Detailed explanations are required as indicated.

1. Have you or any other household member ever broken a lease? Yes No
 - a. If yes, explain: _____
2. Have you or any other household member ever been judicially evicted or asked to leave an apartment? Yes No

- a. If yes, explain: _____
3. Do you or any other household member owe money to any current or previous landlord? Yes No
 a. If yes, explain: _____
4. Do you or any other household member owe money to any utility company? (i.e. gas, electric, water) Yes No
 a. If yes, explain: _____
5. Have you or any other household member plead not guilty, no contest, or guilty to a felony? Yes No
 a. If yes, explain: _____
6. Do you have a pet? If yes, describe: Height _____, Weight _____, Type _____, Color _____ Yes No

Section IV – Income

Household Member	Employer	Start Date	Phone/Fax address	Gross Monthly Income
			/	\$
			/	\$

Section V – Assets

Bank Account	Address	Phone/Fax	Account #
		/	
		/	
		/	

Emergency Contact Information (not living with you):

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 your property? Yes No

SIGNATURE CLAUSE

I/we understand that Wilhoit Properties is relying on this information to prove my/our household's eligibility for residency. I/we certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my/our application or immediate termination of my/our lease. I/We understand that such action may result in criminal penalties.

I/We authorize Wilhoit Properties to verify the information contained in this application for the purposes of proving my/our eligibility for occupancy. I/We further authorize Wilhoit Properties to obtain a written credit report and police record. I/We will provide all necessary information including source and contact names, addresses, phone numbers, fax numbers, account numbers, and any other information required for expediting this process. I/We understand that my/our occupancy is contingent on meeting Wilhoit Properties' resident selection criteria.

Acceptance of the application fees and earnest deposit herewith, does not constitute approval. If approved, the earnest deposit will be credited toward the security deposit. If the application is not approved, the earnest deposit will be refunded in accordance with State law. Cancellation after the 24-hour grace period or date of application will result in forfeiture of your earnest deposit.

EHO/ADA/Employer Drug Free Workplace/Housing.

Applicant Signature: _____ Date: ____/____/____
 Co-Applicant Signature: _____ Date: ____/____/____
 Manager's Signature: _____ Date: ____/____/____



Wilhoit Properties

Resident Release and Consent _____

Please see the attached verification form. The referenced individual is applying/recertifying for residency with Wilhoit Properties, Inc. We ask that you complete and return this form via fax/mail at the shown number/address. The information will be used solely for the determination of residency eligibility and will not be disseminated or otherwise released to any third party. We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone this office, at the number shown on the verification form.

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **WILHOIT PROPERTIES, INC.**, for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment; rental history; income and assets; medical or child care allowance/payments and utility usage. I/We understand that this authorization cannot be used to obtain any information about me/us, other than utility usage information, that is not pertinent to my eligibility for and participation as a **Qualified Resident**.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|---------------------------------|----------------------------------|
| ➤ Past and Present Employers | ➤ Social Security Administration |
| ➤ Previous Landlord | ➤ Medical Providers |
| ➤ Public Housing Agencies | ➤ Child Care Providers |
| ➤ Support and Alimony Providers | ➤ Veterans Administration |
| ➤ Welfare Agencies | ➤ Retirement Systems |
| ➤ State Unemployment Agencies | ➤ Banks |
| ➤ Educational Institutions | ➤ Financial Institutions |
| | ➤ Utility Usage Information |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed.

SIGNATURES:

Applicant

_____/_____/_____
DATE

Co-Applicant
(Spouse Only)

_____/_____/_____
DATE