

RE:

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**TO WHOM IT MAY CONCERN:**

Please be advised that the undersigned has authorized the disclosure of the following information:

**LANDLORD INFORMATION**

When did the account open \_\_\_\_\_; close \_\_\_\_\_ what was the monthly payment \_\_\_\_\_? Did the resident(s) pay promptly \_\_\_\_\_? If no, explain \_\_\_\_\_

Did the resident(s) give a thirty (30) day notice? \_\_\_\_\_  
 Were there any disturbances or property damage? \_\_\_\_\_  
 If yes, explain. \_\_\_\_\_  
 Did the resident(s) request a large number of work orders? \_\_\_\_\_  
 Is the undersigned currently past due? \_\_\_\_\_ Amount past due. \$ \_\_\_\_\_  
 Has the undersigned had any returned checks? \_\_\_\_\_ Number of returned items? \_\_\_\_\_  
 Has the undersigned had any late charges? \_\_\_\_\_ Number of late charges? \_\_\_\_\_  
 Number of times late 5 days \_\_\_\_\_ 30 days \_\_\_\_\_ 60 days \_\_\_\_\_ 90 days \_\_\_\_\_  
 Is there a co-resident signed on the lease? \_\_\_\_\_ Is the lease guaranteed by a co-signer? \_\_\_\_\_  
 Are the resident(s) currently receiving any housing subsidy? \_\_\_\_\_  
 Were there any unauthorized residents? \_\_\_\_\_  
 Would you re-rent to the resident(s)? \_\_\_\_\_ If no, explain \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

What date was the applicant hired \_\_\_\_\_; if terminated, the date employment terminated \_\_\_\_\_; what position does the applicant hold \_\_\_\_\_. What is the applicant's monthly, yearly, hourly wage \_\_\_\_\_? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ If part time, hours per week \_\_\_\_\_. Does the applicant currently have any garnishments? \_\_\_\_\_

**CREDIT AND LOAN INFORMATION**

What date was account opened \_\_\_\_\_; what is the high credit \_\_\_\_\_; the number and amount of payments; # \_\_\_\_\_ pymts. x \$ \_\_\_\_\_. The current balance \_\_\_\_\_; how many payments were late, number of times over: \_\_\_\_\_ x15, \_\_\_\_\_ x30, \_\_\_\_\_ x60, \_\_\_\_\_ x90, \_\_\_\_\_ x120. When is the applicant next due? \_\_\_\_\_. Is this credit secured or unsecured \_\_\_\_\_

**BANK REFERENCE**

The undersigned authorizes the release of any and all information related to their deposit relationship. If the undersigned has any additional deposit relationships, please provide the following information.

| Account # | Date Open | Type  | Average Balance | Number of Times OD or NSF |
|-----------|-----------|-------|-----------------|---------------------------|
| _____     | _____     | _____ | _____           | _____                     |
| _____     | _____     | _____ | _____           | _____                     |
| _____     | _____     | _____ | _____           | _____                     |
| _____     | _____     | _____ | _____           | _____                     |

We would appreciate your reply as soon as possible.  
 Thank you.

Sincerely yours,

\_\_\_\_\_  
 RESIDENT MANAGER OR AUTHORIZED AGENT

AUTHORIZED BY:

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 SPOUSE'S SIGNATURE

Management Co. or Landlord Requesting Report: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Community: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 MR NAME MS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_  
 \* DATES OF BIRTH ARE REQUESTED IN ORDER TO OBTAIN ACCURATE RETRIEVAL OF RECORDS. HOW LONG? \_\_\_\_\_

MARITAL STATUS (Optional)  MARRIED  SEPARATED  WIDOWED  DIVORCED  SINGLE

Spouse's Name \_\_\_\_\_ Maiden name \_\_\_\_\_  
 (Show former spouse if divorced or separated)  
 SPOUSE'S SOCIAL SECURITY NO. \_\_\_\_\_ SPOUSE'S \*DATE OF BIRTH \_\_\_\_\_ SPOUSE'S DRIVER'S LICENSE NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? From \_\_\_\_\_ To \_\_\_\_\_  
 LANDLORD OR MORTGAGE HOLDER \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_ MONTHLY RENT OR PAYMENT \$ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? From \_\_\_\_\_ To \_\_\_\_\_  
 LANDLORD OR MORTGAGE HOLDER \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_ MONTHLY RENT OR PAYMENT \$ \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOW LONG? From \_\_\_\_\_ To \_\_\_\_\_  
 LANDLORD OR MORTGAGE HOLDER \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_ MONTHLY RENT OR PAYMENT \$ \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_  
 POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ HOW LONG? From \_\_\_\_\_ To \_\_\_\_\_ GROSS MONTHLY SALARY \$ \_\_\_\_\_

PREVIOUS EMPLOYER (IF IN CURRENT POSITION LESS THAN ONE YEAR)  
 EMPLOYED BY: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_  
 POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ HOW LONG? From \_\_\_\_\_ To \_\_\_\_\_ GROSS MONTHLY SALARY \$ \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_  
 POSITION \_\_\_\_\_ HOW LONG? \_\_\_\_\_ MONTHLY SALARY \$ \_\_\_\_\_ OTHER INCOME  YES  NO

SOURCE OF OTHER INCOME \_\_\_\_\_ GROSS DOLLAR AMOUNT \$ \_\_\_\_\_ PER  YEAR  MONTH

CHARACTER REFERENCES: NAME OF NEAREST RELATIVE (OTHER THAN SPOUSE)  
 1. \_\_\_\_\_ NAME \_\_\_\_\_ RELATION \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
 2. \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

BANK REFERENCES  
 BANK NAME \_\_\_\_\_ CHECKING ACCOUNT NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SAVINGS ACCOUNT NO. \_\_\_\_\_

| CREDIT REFERENCES | ADDRESS | ACCOUNT NUMBER | MONTHLY PAYMENT | PRESENT BALANCE |
|-------------------|---------|----------------|-----------------|-----------------|
|                   |         |                |                 |                 |
|                   |         |                |                 |                 |
|                   |         |                |                 |                 |

If you are responsible for child support, alimony or maintenance payments indicate amount \$ \_\_\_\_\_  Month  Year  
 Monthly child care expense (baby sitter, nursery, pre-school, etc.) \$ \_\_\_\_\_

| AUTO | MAKE | YEAR | LICENSE NO | DATE PURCHASED | MONTHLY PAYMENT | BALANCE | FINANCED BY | ACCOUNT NUMBER |
|------|------|------|------------|----------------|-----------------|---------|-------------|----------------|
|      |      |      |            |                |                 |         |             |                |
|      |      |      |            |                |                 |         |             |                |

REASON FOR MOVING?  GETTING MARRIED  GETTING DIVORCED OR SEPARATED  NICER APARTMENT  LOWER RENT  ROOMMATE MOVED  LIVING AT HOME  JOB TRANSFER  MOVING FROM ANOTHER AREA  
 MORE CONVENIENT TO WORK  SCHOOL  RECREATION OTHER REASON \_\_\_\_\_

PETS  YES  NO NOT PERMITTED UNLESS SPECIFIED AND APPROVED BY AUTHORIZED AGENT TYPE PET \_\_\_\_\_  
 A. HOW DID YOU LEARN ABOUT THIS UNIT?  NEWSPAPER  YELLOW PAGES  SIGN  A FRIEND  OTHER \_\_\_\_\_  
 B. TYPE OF UNIT REQUIRED?  EFFICIENCY  GARDEN  TOWNHOUSE MONTHLY RENT \_\_\_\_\_ NO. OF BEDROOMS \_\_\_\_\_

THE FOLLOWING OCCUPANTS (AND NO OTHERS) ARE TO OCCUPY SAID APARTMENT: DATE OCCUPANCY IS TO BEGIN \_\_\_\_\_  
 (Birth Dates are requested in order to determine the potentiality of contractual liability.)

HUSBAND (NAME/BIRTHDATE) \_\_\_\_\_ WIFE (NAME/BIRTHDATE) \_\_\_\_\_  
 CHILDREN (NAME/BIRTHDATE) \_\_\_\_\_ OTHER (NAME/BIRTHDATE) \_\_\_\_\_

ADDRESS OF UNIT \_\_\_\_\_

IN SIGNING THIS APPLICATION, THE UNDERSIGNED STATES THAT THE ABOVE INFORMATION IS UNWRITTEN TO BE TRUE AND HEREBY AUTHORIZES THE FIRM TO WHICH THIS APPLICATION IS MADE AND WELCOMES HOMER CREDIT SERVICES (HEREINAFTER REFERRED TO AS WHCS) TO INVESTIGATE THE REFERENCES HEREIN USED, OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON, PERTAINING TO MY EMPLOYMENT BACKGROUND, SOURCE OF INCOME, CREDIT HISTORY, RESIDENTIAL HISTORY, FINANCIAL RESPONSIBILITY OR POSSIBLE CRIMINAL HISTORY. THE UNDERSIGNED SPECIFICALLY AUTHORIZES WHCS TO OBTAIN MY CREDIT BUREAU REPORT. THE UNDERSIGNED AGREES THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF WHCS AND THE FIRM TO WHICH THIS APPLICATION IS MADE. THE UNDERSIGNED FURTHER RECOGNIZES THAT WHCS IN ITS INVESTIGATIVE PROCEDURES DOES NOT CONSIDER ANY INFORMATION OBTAINED THROUGH ITS INVESTIGATION TO BE CONFIDENTIAL AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE LANDLORD, OR OTHER FIRMS. I FURTHER AGREE TO PAY THE COST OF WHCS'S REPORT NOT TO EXCEED \$ \_\_\_\_\_ WHICH MAY, OR MAY NOT BE DEDUCTED FROM THE DEPOSIT.

NOTICE TO CONSUMER: (AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO CREDIT AND FINANCIAL RESPONSIBILITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTIC, AND MODE OF LIVING, WHICHEVER ARE APPLICABLE, MAY BE PRESENTED TO THE FIRM TO WHICH THIS APPLICATION IS MADE. YOU, THE CONSUMER, HAVE THE RIGHT TO REQUEST IN WRITING A COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION. YOUR REQUEST SHOULD BE ADDRESSED TO WHCS AND MUST BE MADE WITHIN SIXTY (60) DAYS OF THE DATE OF THE APPLICATION IS APPROVED OR NOT APPROVED.)

SIGNED: X \_\_\_\_\_ APPLICANT SIGNED: X \_\_\_\_\_ SPOUSE DATE: \_\_\_\_\_

Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. If applicant withdraws the application, a fee of \$ \_\_\_\_\_ will be retained by Landlord. If the apartment is held for applicant for more than \_\_\_\_\_ days, all monies deposited shall be forfeited to Landlord.

Reservation Deposit with application \$ \_\_\_\_\_  
 Reservation Deposit for pets (if allowed) \$ \_\_\_\_\_  
 Miscellaneous Deposit \$ \_\_\_\_\_  
 Total Deposit with application \$ \_\_\_\_\_

RESIDENT MANAGER OR AUTHORIZED AGENT