#### EACH ADULT PLANNING TO RESIDE IN THE UNIT MUST COMPLETE A SEPARATE APPLICATION

→ → → All Blanks <u>MUST</u> Be Filled In To Be Considered. Failure to fill out completely will delay processing and may be reason for disqualification. ← ← ←

| Applicants must provide:             | •                        |                            |               |               |                                   |                                 |  |
|--------------------------------------|--------------------------|----------------------------|---------------|---------------|-----------------------------------|---------------------------------|--|
| ☐ copy of driver's li                | icense or other stat     | e-issued, picture I.       | .D.           |               |                                   |                                 |  |
|                                      |                          |                            |               |               | b showing year to date inf        | ormation (plus last pay         |  |
|                                      | r last year's W2 if      |                            | filed before  | e June 1)     |                                   |                                 |  |
| ☐ Copy of engagem                    | ent letter if starting   | g a new position.          |               |               |                                   |                                 |  |
| Note: ALL references and             | significant facts as     | re verified. Failure       | e to provide  | complete a    | nd accurate information is        | grounds for rejection.          |  |
|                                      |                          |                            |               |               |                                   |                                 |  |
| Applicant:                           |                          |                            |               |               |                                   |                                 |  |
| Last Name                            |                          | First                      |               | Mid           | ldle (full name)                  |                                 |  |
| SSN: <sup>1</sup>                    |                          | Date of Birth:             |               |               | ,————                             |                                 |  |
| SSN: <sup>1</sup><br>Telephone h: () | w                        | : (                        |               | c: ()         |                                   |                                 |  |
| Applicant prefers calls to _         | (primary)                | phone be made bet          | tween the h   | ours of:      |                                   | •                               |  |
| Primary email:                       |                          |                            | Driver's Li   | cense State   | #                                 |                                 |  |
| Other names currently or p           | reviously used (in       | cluding maiden na          | me):          |               |                                   | <del></del>                     |  |
| Applicant: ☐ Smokes ☐                | Does not smoke           | _                          |               |               |                                   |                                 |  |
|                                      |                          |                            |               |               |                                   |                                 |  |
| Other Occupants: Total 1             |                          |                            |               | -             |                                   |                                 |  |
| Each occupant18yo and old            |                          |                            |               |               |                                   | <u>ny</u> applicant is rejected |  |
| for other than financial rea         |                          |                            |               |               |                                   |                                 |  |
| Name                                 | DOB                      | SSN:                       |               | Rel           |                                   |                                 |  |
| Name                                 | DOB                      | SSN:                       |               | Rel           |                                   |                                 |  |
| Name                                 | DOB                      | SSN:                       |               | Rel           |                                   |                                 |  |
|                                      |                          |                            |               |               |                                   |                                 |  |
| Animals: List all animals t          |                          |                            |               |               |                                   |                                 |  |
| Type:                                | Breed (if dog)           |                            | _ Type:       |               | Breed (if dog)                    |                                 |  |
| Vehicles:                            |                          |                            |               |               |                                   |                                 |  |
| License Plate #                      | State                    | Make                       | Vear          | Color         | VIN                               |                                 |  |
| License Plate #                      | State                    | Make                       | Year          | Color<br>     | VIN                               |                                 |  |
| Electise I late #                    | State                    | IVIAKC                     | 1 cai         |               | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                 |  |
| APPLICANT MUST                       | Γ PROVIDE CUI            | RENT AND PRI               | OR RESI       | DENTIAL F     | HISTORY AND COMPL                 | ETE CONTACT                     |  |
|                                      |                          |                            |               |               | ERS/MANAGERS                      |                                 |  |
| <b>Applicant's Current Add</b>       | ress:                    |                            |               |               |                                   |                                 |  |
| Street                               |                          | _ AptCity                  |               | Sta           | te Zip                            |                                 |  |
| If unit is a rental list name        | (s) of tenant(s) on 1    | lease*:                    |               |               |                                   |                                 |  |
| *Note: landlord will be con          | ntacted. If applica      | nt is not on the lea       | se, an autho  | orized tenant | must also sign the authori        | zation to release               |  |
| information. See last page           |                          |                            |               |               | <del>-</del>                      |                                 |  |
| Owner/Agent Name _                   |                          |                            | Owne          | er/Agent pho  | one ()                            | _                               |  |
|                                      |                          | City State Zip             |               |               |                                   |                                 |  |
| Date of occupancy                    |                          | Rent/mortgage per month \$ |               |               |                                   |                                 |  |
| Reason for Leaving                   |                          |                            |               |               |                                   |                                 |  |
| Avg monthly utilities                | \$                       | (check utilities for       | which you     | pay Elec      | _ Gas Water )                     |                                 |  |
| List the <b>name of the p</b>        | <b>person</b> to whom th | e following bills a        | re sent (i.e, | in whose na   | mes are the following bills       |                                 |  |
|                                      |                          |                            |               |               | ny                                |                                 |  |
|                                      |                          |                            |               | •             |                                   |                                 |  |

Page 1 of 4

<sup>&</sup>lt;sup>1</sup> Applicant is hereby notified that SSNs, birth dates, driver's license numbers and other identifying information will be reported to tenant tracking agencies and/or credit reporting agencies if tenant violates the terms of the lease or if landlord is awarded damages in court that are not fully paid.

| Applicant's Prior Address:  |  |                     |   |  |            |
|---|--|---------------------|---|--|------------|
| Street  | Apt                                    | City                | State   | Zip  |            |
| f unit is a rental list name(s) of tenant(s)  | on lease*:                             |                     |   |  |            |
| Note: landlord will be contacted. If appl   | licant is not o                        | n the lease, an     | authorized tenant must  | also sign the authorization t                                      | to release |
| nformation. See last page of application.   |  |                     |   | -  |            |
| Owner/Agent Name  | Owner/Agent phone ()<br>City State Zip |                     |   |  |            |
| Owner/Agent/ Address  |  |                     | City  | State Zip  |            |
| Date of occupancy From:   | To:                                    |                     | Rent/mortgage pe  | er month \$  |            |
| Dancer for I series   |  |                     |   |  |            |
| Avg monthly utilities \$  | (check ut                              | ilities for which   | n you pay Elec Gas  | Water )  |            |
| List the <b>name of the person</b> to whom  |  |                     |   |  |            |
| Gas & Electric Company  |  |                     |   |  |            |
| *Be sure to provide con   |  | _                   |   |  | CODY       |
| APPLICANT MU Applicant's Employment History:  | JST PROVI                              | DE A MINIM          | UM OF 6 MONTHS  | OF EMPLOYMENT HIST   |            |
| APPLICANT MU Applicant's Employment History:  | JST PROVI                              | DE A MINIM          | UM OF 6 MONTHS  | OF EMPLOYMENT HIST   |            |
| APPLICANT MU Applicant's Employment History:  | JST PROVI                              | DE A MINIM          | UM OF 6 MONTHS  | OF EMPLOYMENT HIST   |            |
| APPLICANT MU Applicant's Employment History: Current Employer  Address  upervisor's Phone ()  | UST PROVI                              | DE A MINIM  City Po | UM OF 6 MONTHS ( Supervisor (M State osition                          | OF EMPLOYMENT HIST   |            |
| Applicant's Employment History: Current Employer Address Supervisor's Phone () Other source of current income (SSI, Food  | UST PROVI                              | City Po             | UM OF 6 MONTHS ( Supervisor (M State ) ostition orting documentation: | or EMPLOYMENT HIST  (r./Ms) Zip Gross Monthly Income \$_           |            |
| APPLICANT MI Applicant's Employment History: Current Employer Address upervisor's Phone () Other source of current income (SSI, Food  | Hire date:d stamps, etc                | City Po             | Supervisor (M State ostition orting documentation: Gross Monthly      | or EMPLOYMENT HIST  Ir./Ms) Zip Gross Monthly Income \$  Income \$ |            |
| APPLICANT MI Applicant's Employment History: Current Employer Address upervisor's Phone () Other source of current income (SSI, Food  | Hire date:d stamps, etc                | City Po             | Supervisor (M State ostition orting documentation: Gross Monthly      | or EMPLOYMENT HIST  Ir./Ms) Zip Gross Monthly Income \$  Income \$ |            |
| APPLICANT MI Applicant's Employment History: Current Employer Address Supervisor's Phone () Other source of current income (SSI, Food   | Hire date:d stamps, etc                | City Po             | Supervisor (M State ostition orting documentation: Gross Monthly      | or EMPLOYMENT HIST  Ir./Ms) Zip Gross Monthly Income \$  Income \$ |            |
| Applicant's Employment History: Current Employer Address Supervisor's Phone () Other source of current income (SSI, Food  | Hire date:d stamps, etc                | City Po             | Supervisor (M State ostition orting documentation: Gross Monthly      | or EMPLOYMENT HIST  Ir./Ms) Zip Gross Monthly Income \$  Income \$ |            |
| APPLICANT MU Applicant's Employment History: Current Employer Address Supervisor's Phone () Other source of current income (SSI, Food Previous Employer Address Supervisor's Phone () | Hire date:d stamps, etc                | City Po             | Supervisor (M State ostition orting documentation: Gross Monthly      | or EMPLOYMENT HIST  Ir./Ms) Zip Gross Monthly Income \$  Income \$ |            |
| Applicant's Employment History: Current Employer Address Supervisor's Phone () Other source of current income (SSI, Food  | Hire date:d stamps, etc                | City Po             | Supervisor (M State ostition orting documentation: Gross Monthly      | or EMPLOYMENT HIST  Ir./Ms) Zip Gross Monthly Income \$  Income \$ |            |



\*Be sure to provide <u>complete</u> information (including proof of pay) for 6 months of employment. If employed for less than 6 months at the locations above, include additional employment information on back of sheet to account for 6 months of employment history.

If applicant's employer charges a fee to provide employment verification information, the fee will be deducted from the application fee prior to crediting the application fee to the security deposit.

| Have you or has any of the listed "other occupants" ever:  1) been convicted of any crime other than a minor traffic offense? ( ) Yes ( ) No  2) filed bankruptcy? ( ) Yes ( ) No  3) had any judgments or other legal proceedings filed against you/them? ( ) Yes ( ) No  4) filed a court case against another person? ( ) Yes ( ) No  5) been served an eviction notice or been asked to vacate a property you/they were renting? ( ) Yes ( ) No  6) willfully or intentionally refused to pay rent when due? ( ) Yes ( ) No  7) changed your/their name? ( ) Yes ( ) No. If other than due to marriage or divorce, explain: |  |  |  |  |  |
|---|--|--|--|--|--|
| 8) been convicted of illegal manufacture or distribution of any controlled substance? ( ) Yes ( ) No. Do you know of anything that may interrupt your income or ability to pay rent? ( ) Yes ( ) No   |  |  |  |  |  |
| Are you or is any of the listed "other occupants" presently an illegal abuser of a controlled substance? ( ) Yes ( ) No.  |  |  |  |  |  |
| If your answer was "yes" to any of the above questions, provide complete details on a separate page.  |  |  |  |  |  |
| I have re-examined the information that I have provided on this application, and I agree that it is true and complete. Except as noted above, (1) I have never been nor am I now being dispossessed or evicted from any rental unit; (2) I have never broken or in any manner failed to honor a lease or rental agreement. I understand that providing false or incomplete information on this application shall be grounds for immediate rejection.  |  |  |  |  |  |
| <ol> <li>If this application is accepted, I agree to:         <ul> <li>Pay a Property Retainer Fee in an amount equal to the Security Deposit and sign the Property Retainer Agreement to hold the property on my behalf. I will do this within 48 hours of notification that this application has been approved. Retainer Fee will be paid in cash, bank check, money order or via Paypal if authorized by owner/agent.</li> </ul> </li> <li>Sign the Owner/Agent's Rental and Security Deposit Agreement and any related documents within the timeframe specified in the Property Retainer Agreement.</li> </ol>              |  |  |  |  |  |
| 3) Pay the first month's rent, as stated in the Rental and Security Deposit Agreement, in cash, bank check, or money order prior to or upon receiving keys.   |  |  |  |  |  |
| Before you return your application, have you  |  |  |  |  |  |
| ☐ Included a copy of driver's license or other state-issued, picture I.D.?  |  |  |  |  |  |
| ☐ Included a copy* of your Pay stub showing year to date information (plus last pay stub of last year if this application is filed before June 1)?  |  |  |  |  |  |
| ☐ Included copies* of supporting documentation of any other income/support listed?  |  |  |  |  |  |
| ☐ Filled out the application <b>completely</b> , accurately and legibly?  |  |  |  |  |  |
| Fined out the application <b>completely</b> , accurately and legibly?   |  |  |  |  |  |

If not, we cannot process your application.

Complete applications which include all necessary documentation are processed in the order received and will be processed ahead of previously submitted, incomplete applications and applications missing necessary documentation.

\*We strongly prefer to receive copies of requested documentation. If applicant provides originals and wants them returned, they will be returned by mail to the applicant's current address.

\*\*I hereby authorize Property Investments of Note, LLC and/or its agents \_\_to obtain information concerning my past and present credit, rental, criminal and/or employment history, and to answer any questions posed by others in the future regarding their rental experience with me. I hereby authorize any of the following sources, including but not limited to (1) credit reporting agencies, (2) public or privately owned utility companies, (3) governmental housing agencies, and (4) current or past landlords, employers or creditors (5) law enforcement agencies, to release any said information to the above named party. I hereby release any of the above sources, their officers, agents, or employees, from any liability for damages of any kind whatsoever, whether caused by negligence or not, which may at any time result to me by reason of compliance with the above mentioned inquiry, which may include the answering of specific questions and the giving of any information concerning my present or past record or residence. This authorization begins immediately and has no expiration date.

| or past record or residence. This authorization begins immediately   | and has no expiration date.           |
|--|---------------------------------------|
| Applicant  | Date                                  |
| Only complete the portion below if the applicant was a listed on page 2.   | not a signer on one of the residences |
| If the applicant was not a signer on a lease for a current or pricapplication, then an <u>authorized tenant of that lease must</u> sign b the current or prior landlord: |                                       |
| Current/Prior residence address (from page 2)  |                                       |
| Tenant (signor) on the lease for that address: (Printed)   |                                       |
| (signature)  | Date:                                 |
| Current/Prior residence address (from page 2)  |                                       |
| Tenant (signor) on the lease for that address:  (Printed)  |                                       |
| (signature)  | Date:                                 |
| Current/Prior residence address (from page 2)  |                                       |
| Tenant (signor) on the lease for that address:(Printed)  |                                       |
|  | Date:                                 |
| (signature)  |                                       |