

The Landings of Carrier Parkway  
Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate application.  
Spouses may submit a joint application.

M/I Special: \_\_\_\_\_

Apt #: \_\_\_\_\_ Rent: \_\_\_\_\_ M/I Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date when filled out: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ABOUT YOU** Full name(exactly as on driver's license or govt. ID card) \_\_\_\_\_

Your street address (as shown on you driver's license or govt. ID card): \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Or govt. photo ID card #: \_\_\_\_\_

Are you a US Citizen?  Yes  No E-mail \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Your Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Marital Status:  single  married  divorced  widowed  separated

**YOUR SPOUSE** Full name: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Spouse Social Security #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Or govt. photo ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Are you a US Citizen?  Yes  No

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Date began job: \_\_\_\_\_ Gross monthly income is over \$ \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's phone: (\_\_\_\_) \_\_\_\_\_

**OTHER OCCUPANTS** Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separated page if more than three.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_\_\_ DL or govt. ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_\_\_ DL or govt. ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_\_\_ DL or govt. ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**YOUR WORK** Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Date began job: \_\_\_\_\_ Gross monthly income is over \$ \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's phone: (\_\_\_\_) \_\_\_\_\_

Previous employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Date began job: \_\_\_\_\_ Gross monthly income is over \$ \_\_\_\_\_

Previous supervisor's name: \_\_\_\_\_

Previous supervisor's phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY** Emergency contact person over 18, who will not be living with you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more]  the above person,  your spouse, or  your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

Current home address (where you now live): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Current monthly rent \$ \_\_\_\_\_

Name of apartment where you now live: \_\_\_\_\_

Current owner or manager's name: \_\_\_\_\_

Their phone: \_\_\_\_\_ Date move in: \_\_\_\_\_

Why are you leaving your current residence? \_\_\_\_\_

Your previous home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apartment name: \_\_\_\_\_

Name of above owner or manager: \_\_\_\_\_

Their phone: \_\_\_\_\_ Previous monthly rent: \$ \_\_\_\_\_

Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_

**YOUR CREDIT HISTORY** Your bank's name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

List major credit cards: \_\_\_\_\_

Other non-work income you want considered. Please explain: \_\_\_\_\_

Have you or your spouse ever owned a home?  yes  no

Past credit problems you want to explain. \_\_\_\_\_

**OTHER INFORMATION**

Will you or any occupant have an animal?  yes  no

Kind: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Do you or any occupant smoke?  yes  no How were you referred?

Internet  Stopped by  Rental publication: \_\_\_\_\_

Rental agency or locator service name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Friend (name): \_\_\_\_\_  Newspaper (name): \_\_\_\_\_

Other: \_\_\_\_\_

**YOUR VEHICLES** List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.) Continue on separate page if more than three.

Make: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**YOUR RENTAL/CRIMINAL HISTORY** Have you, your spouse, or any occupant listed in this Application ever:

been evicted or asked to move out?  broken a rental agreement?

declared bankruptcy?  been sued for rent?

been sued for property damage?

been arrested of a felony or sex-related crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion?

been arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate the year, location and type of each felony and sex-related crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision.

You Represent the answer is "no" to any item not checked above.

**AUTHORIZATION** I or we authorize The Landings of Carrier Parkway to verify the above information by all available means. Owner is not required to reverify or investigate preliminary findings.

Applicant's signature \_\_\_\_\_

Spouse's signature \_\_\_\_\_

You must also sign the Application Agreement on the next page of this Application.

