

APPLICATION FOR RENTAL

Lisa Management

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APARTMENT	RENT	START DATE	AGENT
APPLICANT INFORMATION			
LAST NAME	FIRST NAME	M.I.	SSN
DRIVER'S LICENSE #			
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	EMAIL
CURRENT ADDRESS			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()
MONTHLY RENT \$	REASON FOR LEAVING		
PREVIOUS ADDRESS			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()
MONTHLY RENT \$	REASON FOR LEAVING		
OTHER OCCUPANTS			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
LIST NAMES AND BIRTH DATES OF ALL DEPENDANTS 18 YEARS OR YOUNGER			
PETS			
PETS?	DESCRIBE		
EMPLOYMENT & INCOME INFORMATION			
1. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE END DATE
2. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE END DATE
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
EMERGENCY CONTACT			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP
PERSONAL REFERENCES			
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP

BACKGROUND INFORMATION

HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. <input type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE INFORMATION

1. MAKE & MODEL	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	YEAR	LICENSE NO. & STATE

OTHER VEHICLES

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements above set forth are true.

I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

(Signed/Applicant) Date

NEW YORK CITY TENANT FAIR CHANCE ACT

Pursuant to federal and state law NYC Admin. Code §20-807 et seq.:

- 1) If your application is denied** or other adverse action is taken against you due to a screening report the landlord uses, the landlord must tell you so and how to contact the screening company to obtain a free copy of the report.
- 2) You may dispute** inaccurate or incorrect information on the report directly with the screening company.
Our screening company is: On-Site.com, 307 Orchard City Drive, Suite 110, Campbell, CA 95008, (877) 222-0384 | Fax: (888) 774-0144 | www.on-site.com/documents
- 3) Annually**, you may order a free screening report from www.annualcreditreport.com (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).

BILLING INFORMATION FOR APPLICATION FEE

CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	CARD NUMBER	EXPIRATION	BILLING ZIP CODE
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I authorize On-Site.com to charge \$100.00 per applicant to the above credit card. I agree to pay this charge according to the terms of my Cardholder Agreement. This fee is non-refundable and exclusive of any other fee. Payment does not bind the Landlord to any obligation to rent.

(Name on Card (Print)) (Signature) Date





AUTHORIZATION TO RELEASE RECORDS

FAX TO: 877 FAX ON-SITE (877-329-6674)

I authorize the below parties to verify any and all requested information and to provide written support as necessary to On-Site.com.

(PRINT Applicant Name)

(Applicant Signature)

Date

Please ensure that the below information is completed IN FULL. Inform your references that On-Site.com will be contacting them, and indicate the importance of a prompt response.

1. LANDLORD

(Address)

(Contact)

(Phone)

(Fax)

2. BANK

(Company)

(Contact)

(Phone)

(Fax)

3. EMPLOYER / ACCOUNTANT

(Company)

(Contact)

(Phone)

(Fax)

If your employer uses an automated service to verify records (such as "The Work Number"), you must obtain this documentation yourself and fax it to On-Site.com 877-FAX-ON-SITE (877-329-6674)