

EXCEL PROPERTY MANAGEMENT RENTAL APPLICATION

MGR. INITIALS	
DATE @ TIME RECEIVED	
SOCIAL SECURITY NUMBER VERIFIED BY	

Property: _____
 Address: _____
 PH: _____ Fax: _____
 Email: _____

What size apartment would you like to occupy? 1 BR 2 BR 3BR

What date do you anticipate moving? _____ Email: _____

Best telephone number to reach you: (_____) _____

LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE APARTMENT UPON MOVE-IN OR WITHIN THE NEXT TWELVE (12) MONTHS, INCLUDING ANY TEMPORARILY ABSENT (SUCH AS MILITARY/STUDENT/SPOUSE) MEMBERS WHO WILL BE RETURNING TO THE HOUSEHOLD. UNMARRIED ADULT CO-APPLICANTS MUST COMPLETE A SEPARATE APPLICATION.

Name all Household Members-Starting with Head of Household	Gender M / F	Relationship to Head of Household	Birth Date	Social Security Number	Is HH member employed: (Circle One)
1 First Middle Last					YES NO
2 First Middle Last					YES NO
3 First Middle Last					YES NO
4 First Middle Last					YES NO
5 First Middle Last					YES NO
6 First Middle Last					YES NO

Do all household members live in the household full time? YES NO Number of foster children? _____

List names of **all** household members that are a student, plan on being a student in the next 12 months or was a student in the last 5 months: _____

Do you expect any changes to household in the next 12 months? YES NO

If YES, please explain: _____

Will this apartment be your only place of residency? YES NO

If NO, please explain: _____

Have you ever been evicted or has a landlord ever terminated your lease? YES NO

If YES, please explain: _____

Are you currently receiving or anticipating receiving rental assistance? YES NO

If YES, which agency? _____

EMPLOYMENT INFORMATION

Applicant Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Position: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

**Please explain: _____

Do you have a second job? YES NO If YES, Where? _____

Phone: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

** Please explain: _____

IF EMPLOYED BY CURRENT EMPLOYER LESS THAN SIX (6) MONTHS-PLEASE COMPLETE:

Previous Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Date Ended: _____ Position: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

**Please explain: _____

SPOUSE EMPLOYMENT (CO-APPLICANT MUST COMPLETE SEPARATE APPLICATION)

Applicant Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Position: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

**Please explain: _____

Do you have a second job? YES NO If YES, Where? _____

Phone: _____ Supervisor: _____

Salary \$ _____ PER Hour Week Month Year Other**

** Please explain: _____

LANDLORD HISTORY INFORMATION

Current Address: _____ City: _____ State: _____ Zip: _____

Month & Year Moved In: _____ / _____ Amount of monthly rent or mortgage? _____

Do you: Rent Own Other (please explain) _____

Reason for leaving? _____

Landlord or Mortgage Co.: _____ Phone: _____

City: _____ State: _____ Zip: _____

IF LESS THAN THREE YEARS AT CURRENT ADDRESS

Previous Address: _____ City: _____ State: _____ Zip: _____

Month & Year Moved In: _____ / _____ Month & Year Moved out: _____ / _____

Amount of monthly rent or mortgage? _____ Reason for leaving? _____

Did you: Rent Own Other (please explain) _____

Landlord or Mortgage Co.: _____ Phone: _____

City: _____ State: _____ Zip: _____

OTHER INFORMATION

- Will you be bringing any pets? YES NO Type: _____ Service Animal? YES NO
- Are you or your spouse a veteran of the U.S. Military? YOU SPOUSE NO
- If YES, What branch? _____ Service Dates: _____
- Are you or any member of the household subject to state lifetime sex offender registration? YES NO
- Have you ever been convicted of a crime? YES NO IF YES, When: _____
- Type of Charge(s): _____
- Please list all states / countries that anyone in household over 18 has ever lived / or resided:

HOUSEHOLD MEMBER

STATE

Drivers license number / State ID#: _____ State Issued: _____ HH Member: _____

Drivers license number / State ID#: _____ State Issued: _____ HH Member: _____

Drivers license number / State ID#: _____ State Issued: _____ HH Member: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Color _____

License Plate # _____ State _____

Year: _____ Make: _____ Model: _____ Color _____

License Plate # _____ State _____

Year: _____ Make: _____ Model: _____ Color _____

License Plate # _____ State _____

WARNING: Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I/WE HEREBY MAKE APPLICATION FOR AN APARTMENT AND CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT. I / WE UNDERSTAND THAT THE MANAGING AGENT WILL VERIFY, IN WRITING, THROUGH A THIRD PARTY, THE INFORMATION PROVIDED ON THIS APPLICATION. I/WE UNDERSTAND FALSIFYING INFORMATION MAY LEAD TO DECLINATION OF APPLICATION.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE:

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE



INCOME AND ASSET DISCLOSURE STATEMENT

(INCLUDE ALL INCOME FOR ALL FAMILY MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN UNDER THE AGE OF 18)

(USE HOUSEHOLD MEMBER NUMBER FROM THE FIRST PAGE OF RENTAL APPLICATION)

INCOME DISCLOSURE

DESCRIPTION OF INCOME	RECEIVING NOW OR ANTICIPATES RECEIVING		HOUSE-HOLD MEMBER #	AMOUNT RECEIVED MONTHLY	COMMENTS
	Circle YES	or NO			
Employment Income (including self-employment income)	YES	NO		\$	
Alimony and/or Child Support	YES	NO		\$	
Disability or Workers Comp. Income from Employer or Settlement	YES	NO		\$	
Social Security / SSI or Social Security Disability	YES	NO		\$	
Veterans Administration / Military Benefits	YES	NO		\$	
TANF/ AFDC (Not Food Stamps)	YES	NO		\$	
Income from Annuities / Insurance Policies	YES	NO		\$	
Pension Income	YES	NO		\$	
Income from Retirement Plans (IRA, 401K, Keogh, etc.)	YES	NO		\$	
Rental Income from Property	YES	NO		\$	
Unemployment Benefits	YES	NO		\$	
Financial aid / Grants / Scholarships	YES	NO		\$	
Other Income (recurring gifts, lottery winnings, etc)	YES	NO		\$	

***INCLUDE OVERTIME, TIPS, BONUSES, AND ANY OTHER TYPE OF COMPENSATION**

I/We certify this information is true and correct

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

ASSET DISCLOSURE

(INCLUDE ALL ASSETS FOR ALL FAMILY MEMBERS OF THE HOUSEHOLD, INCLUDING CHILDREN UNDER THE AGE OF 18)

DESCRIPTION OF CURRENT ASSET	YOU MUST CIRCLE ONE (Yes or NO)		NAME & ADDRESS OF BANK, AGENCY OR FINANCIAL INSTITUTION	HOUSE-HOLD MEMBER #	CURRENT VALUE	COMMENTS
	YES	NO				
Cash Card or Benefit Card (for benefits/wages, not associated with bank accounts listed)	YES	NO	CARD #:		\$	
Checking Account	YES	NO	Bank Name: ACCT.#		\$	
Savings Account/ Money Market	YES	NO	Bank Name: ACCT.#		\$	
Cash Held in Safety deposit Box or at Home	YES	NO			\$	
Certificate(s) of Deposit (CD's)	YES	NO			\$	
Stocks / Bonds /Treasuries / Mutual Funds	YES	NO			\$	
Individual Retirement Account (IRA, 401K, Keogh)	YES	NO			\$	
Real Estate Owned: Land / House/Condo/ Mobile Home	YES	NO	Address:		\$	
Rental Property Owned	YES	NO	Address:		\$	
Personal Property held as an investment (Antiques, Stamps,Coins,Jewelry, etc)	YES	NO	Describe:		\$	
Life Insurance Policy with a Cash Value	YES	NO	Life Ins. Co: Policy #:		\$	
Trusts (Principal value available)	YES	NO			\$	
Any other asset held (Include jointly)	YES	NO			\$	

I/We certify this information is true and correct

APPLICANT SIGNATURE

DATE

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