

Application Form

Apartment Applying for: _____ Apt# _____ Move in: ____/____/____

Applicant's Name: _____ SS# _____ - _____ - _____

Co-Applicant's Name: _____ SS# _____ - _____ - _____

Phone # (____) _____ DOB Appl: ____/____/____ Co-Appl ____/____/____

Dr. Lic. or State issued ID Appl. _____ State _____

Dr Lic. or State issued ID Co-Appl _____ State _____

CurrentAddress _____ City _____ St _____ Zip _____

(If current address is less than 3 years)

PreviousAddress _____ City _____ St _____ Zip _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No

If yes, please explain:

Previous Landlord Information (Not Current Landlord):

Property Name or Property Management Co. _____

Landlord or Contact Name _____ Phone # (____) _____

Landlord Address _____ City _____ St _____ Zip _____

Monthly Rental Amount _____ Resided on premises From: _____ To: _____

Employment Information:

Employer/Company Name _____

Address _____ City _____ St _____ Zip _____

Supervisor's Name _____ Phone # (____) _____

Position _____ Salary \$ _____ Start Date/Length of Employment _____

Co-Applicant:

Employer/Company Name _____

Address _____ City _____ St _____ Zip _____

Supervisor's Name _____ Phone # (____) _____

Position _____ Salary \$ _____ Start Date/Length of Employment _____

I/We confirm that all the information supplied is true and correct. I/we understand that I/we can be turned down for the apartment if I/we have falsified any information on this application. I/we hereby authorize the verification of all above information by ATS, Inc. including my credit, housing court filings, rental, check writing, employment history including salary, and criminal background.

Applicant's Signature _____ DATE _____

Co-Applicant's Signature _____ DATE _____