

**EXCEL PROPERTY MANAGEMENT RENTAL APPLICATION**

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

Property: \_\_\_\_\_

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

What size apartment would you like to occupy?  1 BR  2 BR  3BR  4BR

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.

WHEN APPLICATION FEE IS PAID, APPLICATION FEE IS USED TO RUN BACKGROUND SCREENING AND IS NON-REFUNDABLE.

	Legal Name of all Household Members- Starting with Head of Household	Relationship to Head of Household	Birth Date	Social Security Number	Gender	Please list marital status of all household occupants; single, married, separated, divorced widowed
1	First Middle Last	HEAD OF HOUSEHOLD			M F	
2	First Middle Last				M F	
3	First Middle Last				M F	
4	First Middle Last				M F	
5	First Middle Last				M F	
6	First Middle Last				M F	

- 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 or 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: \_\_\_\_\_

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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 Circle YES or NO		HOUSE-HOLD MEMBER #	AMOUNT RECEIVED MONTHLY	COMMENTS
	YES	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, <b>not</b> associated with bank accounts listed)	YES	NO	Card Name:  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

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE