

ELK SUMMIT PROPERTIES | P: 800.903.1401 | F: 800.715.0920 | E: Info@Elk-Summit.com | www.Elk-Summit.com

<u>Applicant</u> (*co-Signer* **(***co-Signer* **(***co-*

Application To Rent

 Rental Address:

 Rent \$______

Desired Move in date: ______ W/S/G: Included in Rent

Excess use outside of normal usage for Water and Garbage will be billed to tenant

ALL NON-MARRIED COUPLES MUST FILL OUT A SEPARATE APPLICATION/ ALL APPLICATION FEES ARE PER PERSON.

<u>Applicant 1</u>

Name:					Drivers	License #	Issue State:	
First	Middle			Last				
Social Security #		D/O/B: _	/	'/	_ Home Phone: _		Mobile Phone:	
Have you gone by any other	names?	Yes	No	Please list:				
Vehicle Make		Model			Year	License #	Color	
Email Address:								
Children's Names and Ages: _								
Emergency Contact:								
Address:	Phone Number:							
<u>Spouse</u>								
Name:				Drivers License #		Issue State:		
First	Middle			Last				
Social Security #		D/O/B: _	/	//	_ Home Phone: _		Mobile Phone:	
Have you gone by any other	names?	Yes	No	Please list:				
Vehicle Make		Model			Year	License #	Color	
Email Address:								
Children's Names and Ages:								
Emergency Contact:				Relationship:				
Address:	Phone Number:							

ALL CHILDREN THE AGE OF 18 AND OVER WILL NEED TO FILL OUT A SEPARATE APPLICATION.



Three years of rental history is required or Co-Signer may be needed.

Address: City: State: Zip Rent \$ Deposit: Move-in Move out Landlord Phone # Landlord/Management Company: Contact Person:	
Landlord/Management Company: Contact Person:	
Residents on lease: Reason for Leaving:	
Residence History 2	
Address: City: State: Zip	o:
Rent \$ Deposit: Move-in Move out Landlord Phone #	
Landlord/Management Company: Contact Person:	
Residents on lease: Reason for Leaving:	
Residence History 3	
Address: City: State: Zip	o:
Rent \$ Deposit: Move-in Move out Landlord Phone #	
Landlord/Management Company: Contact Person:	
Residents on lease: Reason for Leaving:	
YES NO PETS Have you ever used another Social Security Number? Image: Documentation of the security number of the security	
Have you ever filed Bankruptcy?LLto get any pets?YESIHave you ever been convicted of a crime?DD	NO
If yes type, weight, age, bree	ed?
If yes Explain:	
Are you a full time student? I Have you ever been evicted? I	
Will you require IHA approved housing?	
Do you or any member of your family smoke?	
Do you require special accommodations?	EQUAL HOUSIN



Employment History

INFORMATION ON EMPLOYMENT MUST BE COMPLETE AND ACCURATE IN ORDER TO VERIFY INCOME. PLEASE LIST PHONE NUMBERS OF PERSON TO VERIFY INCOME.

Name of Employer:	Supervis	or Name:	Phor	Phone:	
Employer Address:	Citv	y:	State:	Zip:	
Position:	Monthly Earnings \$	Start Date:	End Date:		
Applicant 1 Previous Emplo	<u>yer</u>				
Name of Employer:	Supervis	or Name:	Phone:		
Employer Address:	City	y:	State:	Zip:	
Position:	Monthly Earnings \$	Start Date:	End	Date:	
Other Monthly Income:	Source	Н	ow to Verify:		
Spouse Present Employer					
Name of Employer:	Superviso	or Name:	Phon	e:	
Employer Address:	City	/:	State:	Zip:	
Position:	Monthly Earnings \$	Start Date:	End	Date:	
Spouse Previous Employer					
Name of Employer:	Supervise	or Name:	Phone:		
Employer Address:	City	/:	State:	Zip:	
Position:	Monthly Earnings \$	Start Date:	End	Date:	
Other Monthly Income:	Source	Но	w to Verify:		
/we declare the information given on this ap gency to obtain credit reports and any other nove out. I (we) agree that no other person c gree that all adults residing in the premises a	plication to be true under penalty of perjury. Applic r information necessary to verify all information on or persons except the above named will occupy the are jointly & severally liable for all rent and damage me and the security deposit is paid. All adult tenan	ants hereby grant permissior this application and/or to see subject premises at any time incurred during the term of	n to the owners/managers ek other credit reports as i with out the written cons occupancy. I (we) acquire	and/or agents and Credit Reportin needed for location purposes after ent of the manager. I (we) further	
Applicant Ag	grees to pay \$ Non-Refunda	able Application Pro	cessing fee Per Pe	rson.	
Applicants Signature:			Date:		

agreement has been signed. This required information includes, but is not limited to: legible application, Social Security Numbers, phone numbers, bank statements, payroll check stubs, tax return and application fees. Once an application is complete and you have been notified you are approved, you have 24 hours to pay the security deposit.