



# WALIKA PROPERTIES

## APPLICATION TO RENT

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EQUAL HOUSING OPPORTUNITY

### Tell Us About Yourself (use additional sheets if necessary)

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID #		DRIVER'S LICENSE # OR STATE ISSUED ID #		STATE OF ISSUANCE	
DATE OF BIRTH		OTHER NAMES USED IN LAST 10 YEARS		EMAIL ADDRESS	
U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, COMPLETE SUPPLEMENTAL APPLICATION			
APPLICANT'S PRESENT ADDRESS			COUNTY		WORK TELEPHONE #
CITY	STATE	ZIP	HOME TELEPHONE #		MOBILE TELEPHONE #
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)					
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

PRESENT ADDRESS IS (Check one):  
 OWN HOME  PARENTS' HOME  RENTED HOME  RENTED APARTMENT  STUDENT HOUSING  OTHER: \_\_\_\_\_  
 IF RENTING: PRESENT LANDLORD OR APARTMENT COMMUNITY/ IF OWNED: NAME OF MORTGAGE COMPANY

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ HOW LONG? \_\_\_\_\_ ANTICIPATED MOVE-OUT DATE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

APPLICANT'S PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS) (Check one):  
 OWN HOME  PARENTS' HOME  RENTED HOME  RENTED APARTMENT  STUDENT HOUSING  OTHER: \_\_\_\_\_  
 IF RENTING: PREVIOUS LANDLORD OR APARTMENT COMMUNITY/ IF OWNED: NAME OF MORTGAGE COMPANY

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS OF PREVIOUS LANDLORD/ APARTMENT COMMUNITY/ MORTGAGE COMPANY

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ HOW LONG? \_\_\_\_\_ MOVE-OUT DATE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

HAVE YOU LIVED IN A **WALIKA PROPERTIES** COMMUNITY BEFORE? YES  NO  IF YES, WHICH ONE (Include city and/or state)? \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### Employment

EMPLOYER			MONTHLY GROSS INCOME		
ADDRESS		CITY	STATE	ZIP	
TYPE OF WORK		POSITION HELD		INDUSTRY:	
SUPERVISOR		SUPERVISOR'S TELEPHONE #		HOW LONG?	MILES TO WORK
OTHER SOURCE(S) OF INCOME		WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES	
FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT JOB)					
ADDRESS		CITY	STATE	ZIP	
TYPE OF WORK		POSITION HELD		INDUSTRY:	
SUPERVISOR		SUPERVISOR'S TELEPHONE #		HOW LONG?	

### Motor Vehicles (including cars, trucks, boats, motorcycles):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

### Pets (keeping of pets requires Lessor's consent)

BREED	NAME	WEIGHT/HEIGHT	AGE
1.			
2.			

APPLICATION FOR RENTAL  
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EQUAL HOUSING  
OPPORTUNITY

**Personal References**

NAME OF NEAREST RELATIVE		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP	TELEPHONE #
NAME OF PERSONAL REFERENCE		RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP	TELEPHONE #

**Criminal Background Information**

Do you or do any, of your occupants have charges pending against you or against them for any criminal offense(s)? Applicant: Yes  No  Occupant: Yes  No

Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? Applicant: Yes  No  Occupant: Yes  No

Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.? Applicant: Yes  No  Occupant: Yes  No

If "Yes" to any of the above questions, give details and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about our community?**

Internet (which site?) \_\_\_\_\_

Walk-By Rental Publication (Which One?) \_\_\_\_\_ Rental Agency (Which One?) \_\_\_\_\_

Locator Service (Which One?) \_\_\_\_\_ Other \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW**

**Correct Information--Applicant** represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include criminal background information, about Applicant and any occupants in the apartment in order to verify the above information, references, credit and criminal records. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant hereby releases from all liability or responsibility all persons and Corporations requesting or supplying such information. Applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant.

**I have read and agree to the provisions as stated.**

Applicant Signature \_\_\_\_\_ Application Processing Fee required with Application: \$ \_\_\_\_\_

Date \_\_\_\_\_ Total Holding Deposit Per Apartment (if any): \$ \_\_\_\_\_ (Holding Deposit Agreement required)

**OFFICE USE ONLY**

Apartment Number \_\_\_\_\_

Apartment Size/Description \_\_\_\_\_

Anticipated Move-in Date \_\_\_\_\_

Lease Start Date \_\_\_\_\_

Lease End Date \_\_\_\_\_

Property Staff Initials \_\_\_\_\_