INITIAL TENANT APPLICATION

Property Address: Buckeye Beach Park, LLC

expected date of change.

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at any time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information you provide. Please use the backs of the pages to record additional information if there is not enough room for an entry. Proof of identity must be provided for all household members – please attach a copy of driver's license or State-issued ID for all adults. All adults must sign and date the application. A \$40.00 per adult household member is required to process the background check.

PART I. FAMILY COMPOSITION

Name ALL People to Occupy Home
LAST NAME FIRST NAME MIDDLE NAME All Adults

1. HEAD

2. HEAD

4. PHONE NUMBER (CELL)

SECONDARY CONTACT NUMBER

Do you expect a change in family size in the future? Yes___No___ If so, explain change and provide

Are there any temporarily absent family members? Yes No If so, provide name and date of return

Current Marital Status: Never Married____ Divorced____ Separated____ Married____ Widowed_____

PART II. INCOME

Type of Income	Person Receiving Income	Name of Source	Address (St, City, State, Zip)	Monthly Income Amount

PART III. EMPLOYMENT HISTORY/REFERENCE Applicant Employed By:_____ Start date: a. _Phone____ Supervisor _____Dates:_____ Previous Employer: Supervisor Phone _____Dates:_____ Applicant (2nd Job): _Phone_____ Supervisor_____ Start Date:_____ Co-Applicant Employed By: b. Supervisor_____Phone____ Previous Employer: Dates: Phone _____ Supervisor Dates: Co-Applicant (2nd Job): Phone____ Supervisor Other Adult Employed By: _____Start Date: _____ c. Supervisor Phone Dates: Previous Employer: Supervisor__ _____Phone _____Dates:_____ Other Adult (2nd Job): Phone _____ Supervisor_____ _____ PART IV. LANDLORD REFERENCES Present Landlord: From/To:____ a. Address City State Zip Phone Previous Landlord: b. From/To: Address City State Zip Phone c. Previous Landlord: From/To: Address City State Zip Phone

PART V. GENERAL INFORMATION

1.	Have you ever been convicted of a felony? Yes No If yes, explain:	
2.	Have you ever filed for bankruptcy? Yes No If yes, explain:	
3.	Will this be your only place of residence? Yes No If no, explain:	
4.	Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntaril rental housing due to fraud, non-payment of rent, failure to cooperate with recertificator for any other reason? Yes No If yes, explain:	
5.	Have you or any member of your household been convicted of the illegal dismanufacture of an illegal drug or other illegal or controlled substance? Yes Notifyes, explain:	
6.	Do you have any pets? Yes No	
7.	Why are you moving from your current location?	

	RESIDENTIAL HIS'	ΓORY/ CON' 	FACT INFOF	RMATION =======	=====	=====
Current Address:	Street Address	City	Sta	to		Dates
	Street Address	s City	Sta	le	Zip	Dates
Previous Address:	C4 4 A 1 1	C:1	Ct -		7:	D-4
	Street Address	s City	Star	te	Zip	Dates
Previous Address:	Street Address	City	Star	÷0	7in	Dates
	Street Address	s City	Sta	le	Zip	Dates
Your Contact:						
Name	Home	Work	Cell	Email		<u> </u>
nd Hhld.Contact:						
Name	Home	Work	Cell	Email		
Emergency Contact:						
	Name and Ado	dress	City	y	State	Zij
Telephone #:						
	Home		Other			
I/We, the undersigned, questions for all mem providing false informalified further understan further authorization at I/We understand that a rent the unit.	bers of the Househol ation or making false and that as part of the a and that I/we will be re	d who are to statements m pplication pro quired to auth	occupy the ray be grounds ocess my creducing verification	rental unit. s for denial lit report ma	I/We un of my/ou ay be obto our income	nderstand ur applica tained wit me and as
Applicant Signature	(Head)		Dat	e		
Applicant Signature	(Co-Head)		Dat	e		
Applicant Signature			Dat	e		
Applicant Signature			Dat	e		

AUTHORIZATION TO RELEASE INFORMATION

Purpose: The property owner may use this authorization and the information obtained with it to administer and enforce rules and polices related to the rental of property owned and/or managed by BUCKEYE BEACH PARK, LLC.

<u>Authorization:</u> I/We authorize BUCKEYE BEACH PARK, LLC to obtain information about me or my family that is pertinent to the rental of property owned by BUCKEYE BEACH PARK, LLC.

Information Covered-Inquiries may be made about:

Credit History Identity of Marital Status
Criminal History (Includes Sex Offender) Family Composition

Social Security Numbers Employment/Income/Pensions/Assets Residential and Rental History Federal/State/Tribal/Local Benefits

Individuals/Organizations That May Release Information:

Any individual or organization, including any government organization, may be asked to release information. For Example, information may be requested from:

Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Present and Past
Landlords

Conditions:

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I understand I may be denied occupancy of the rental property.

Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date
Printed Name	Signature	Social Security No.	Date

NOTE: All persons over the age of 18 must sign this form