

# INITIAL TENANT APPLICATION

Property Address: Buckeye Beach Park, LLC

*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 <u>ALL</u> People to Occupy Home			Email	Date of Birth	Relation to	Sex
LAST NAME	FIRST NAME	MIDDLE NAME	All Adults		Head	
1.					HEAD	
2.						
3.						
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 expected date of change. \_\_\_\_\_

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

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

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PART III. EMPLOYMENT HISTORY/REFERENCE

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- a. Applicant Employed By: \_\_\_\_\_ Start date: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Applicant (2nd Job): \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_
- b. Co-Applicant Employed By: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Co-Applicant (2nd Job): \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_
- c. Other Adult Employed By: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Other Adult (2nd Job): \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

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PART IV. LANDLORD REFERENCES

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- a. Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- b. Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- c. Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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PART V. GENERAL INFORMATION

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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 involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes\_\_\_\_\_ No\_\_\_\_\_   
If yes, explain:\_\_\_\_\_
  
  5. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal or controlled substance? Yes\_\_\_\_\_ No\_\_\_\_\_   
If yes, explain:\_\_\_\_\_
  
  6. Do you have any pets? Yes\_\_\_\_\_ No\_\_\_\_\_
  
  7. Why are you moving from your current location? \_\_\_\_\_
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**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.

**Authorization:** 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.

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<b>Printed Name</b>	<b>Signature</b>	<b>Social Security No.</b>	<b>Date</b>
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<b>Printed Name</b>	<b>Signature</b>	<b>Social Security No.</b>	<b>Date</b>
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<b>Printed Name</b>	<b>Signature</b>	<b>Social Security No.</b>	<b>Date</b>
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<b>Printed Name</b>	<b>Signature</b>	<b>Social Security No.</b>	<b>Date</b>
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**NOTE: All persons over the age of 18 must sign this form**