

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.

=====

PART I. FAMILY COMPOSITION

=====

1.	Name <u>ALL</u> People to Occupy Home			Social Security Number	Date of Birth	Relation to Head	Sex
	LAST NAME	FIRST NAME	MIDDLE NAME				
1.						HEAD	
2.							
3.							
4.							
5.							
6.							

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

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

PART III. EMPLOYMENT HISTORY/REFERENCE

- 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 _____

PART IV. LANDLORD REFERENCES

- 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

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 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? _____
-

=====

RESIDENTIAL HISTORY/ CONTACT INFORMATION

=====

Current Address: _____

Street Address	City	State	Zip	Dates
----------------	------	-------	-----	-------

Previous Address: _____

Street Address	City	State	Zip	Dates
----------------	------	-------	-----	-------

Previous Address: _____

Street Address	City	State	Zip	Dates
----------------	------	-------	-----	-------

Contact Info: _____

Name	Home	Work	Cell	Email
------	------	------	------	-------

Contact Info: _____

Name	Home	Work	Cell	Email
------	------	------	------	-------

Emergency Contact: _____

Name and Address	City	State	Zip
------------------	------	-------	-----

Telephone #: _____

Home	Other
------	-------

I/We, the undersigned, state that I/we have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the rental unit. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my credit report may be obtained without further authorization and that I/we will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my eligibility to rent the unit.

Applicant Signature (Head) Date

Applicant Signature (Co-Head) Date

Applicant Signature Date

Applicant Signature Date

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.

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