

APPLICATION FOR RESIDENCY

PERSONAL DATA

APPLICANT'S NAME _____ Date of Birth _____ Home/Cell #: _____

Soc. Sec. # _____ Driver's Lic. # _____ Email: _____

CO-APPLICANT'S NAME _____ DOB: _____ Soc. Sec. # _____ Dr. Lic. # _____

Email: _____ Home/Cell # _____

PRESENT ADDRESS

From _____ To _____ Reason for Leaving: _____
Street Name of Apts. Apt # City/State Zip

Rent Paid to: _____ Phone: _____

PREVIOUS ADDRESS

From _____ To _____ Reason for Leaving: _____
Street Name of Apts. Apt # City/State Zip

Rent Paid to: _____ Phone: _____

ALL OTHER PERSONS TO OCCUPY PREMISES:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Have you been convicted of a crime in the past 7 years? Yes No If yes, please explain _____

(Resident may be denied based on the crime for which they were convicted.)

ALL VEHICLES TO BE PARKED ON PREMISES:

Make/Model: _____ Color _____ Year _____ Lic #/State: _____

Make/Model: _____ Color _____ Year _____ Lic #/State: _____

EMERGENCY CONTACT: _____ Phone: _____

Address _____ Relationship: _____
Street City/State Zip

In the event of serious injury or death, the above named person MAY MAY NOT ENTER, remove, and/or store all contents found in the dwelling, storerooms, common areas, and mailboxes.

EMPLOYMENT DATA

PRESENT EMPLOYER: _____ Phone: _____

Address: _____ How Long? _____
Street City/State Zip

Position: _____ Supervisor: _____ Mo. Income: _____

CO-APPLICANTS PRESENT EMPLOYER: _____ Phone: _____

Address: _____ How Long? _____
Street City/State Zip

Position: _____ Supervisor: _____ Mo. Income: _____

FINANCIAL DATA

CHECKING ACCOUNT: _____ Bank Branch Address Account #

SAVINGS ACCOUNT: _____ Bank Branch Address Account #

AUTHORIZATION

I declare all the above information to be true under penalty of perjury. Applicant hereby gives NorthStar Management & Consulting, inc. and its authorized agents permission to utilize any and all of the above information to approve or disapprove this application. Any misstatement of fact may be grounds for terminating any agreement between applicant and landlord.

APPLICANT: _____ DATE _____

CO-APPLICANT: _____ DATE _____

ACCEPTED BY: _____ DATE _____
NorthStar Management Authorized Agent

Approved Disapproved Manager: _____ Date: _____

FOR OFFICE USE ONLY

APT. # _____ COMMUNITY _____

Monthly Rent: \$ _____ Move-In Date: _____

Furniture Rent: \$ _____ Lease Term: _____

_____ \$ _____ to _____

TOTAL MO RENT: \$ _____



AMOUNT DUE UPON MOVE-IN:

Pro-rate Rent: \$ _____ (From _____ to _____)

Rent* \$ _____ (From _____ to _____)

Security Deposit \$ _____

TOTAL DUE \$ _____

*Second month rent \$ _____ (From _____ to _____)

ADDENDUM to RENTAL APPLICATION



Prospect Name _____ Date _____

Have you or ANYONE (regardless of age) who will be residing with you EVER:

- Been arrested, cited, prosecuted, plead guilty to or been convicted of any crime? . . [] Yes [] No
- Been placed on probation, parole, or affected by the Megan Laws? [] Yes [] No
- Been in a gang, or are you currently a member of a gang? [] Yes [] No
- Been involved in, or are you currently involved in any illegal activity? [] Yes [] No
- Been evicted or had a forcible detainer filled against you? [] Yes [] No
- Been petitioner in a case in bankruptcy court? [] Yes [] No
- Had a warrant, or do you currently have a warrant for your arrest? [] Yes [] No
- Moved to avoid eviction or because of problems with a tenant or landlord? [] Yes [] No

Please explain ALL “YES” answers in detail. (What happened, when, where, and the result.)

Signature Date

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application to rent a dwelling with Agave At Twenty Two, further known as ("Company"). I understand consumer reports will be requested by ACUTRAQ Background Screening. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of current and previous employers, reason for termination of employment, work experience, names and dates of current and previous tenancy, reasons for termination of tenancy, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with current and former employers and/or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand that the Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my lease period.

Authorization

I hereby authorize procurement of consumer report(s) and/or investigative consumer report(s) by Company. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure such reports at any time during my lease period. I authorize without, reservation, any person, business or agency contacted by ACUTRAQ Background Screening, to furnish the above-mentioned information.

Summary of Rights: This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: ACUTRAQ Background Screening, P.O. Box 766 Elkins, Arkansas, 479-439-9174, upon proper identification, to obtain copies of any reports furnished to the Company by ACUTRAQ Background Screening and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and ACUTRAQ Background Screening, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). ACUTRAQ Background Screening will also disclose the recipients of any such reports on me which the ACUTRAQ Background Screening has previously furnished within one year preceding my request (California three years). I hereby consent to Company obtaining the above information from the ACUTRAQ Background Screening. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the ACUTRAQ Background Screening. I may view the ACUTRAQ Background Screening's privacy policy at their website: www.ACUTRAQ.com

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

In connection with my application for rental, I direct the following regarding my current employer and/or landlord: (please check one).

- Yes, my current employer may be contacted
- No, my current employer cannot be contacted
- Yes, my current and previous landlord may be contacted
- No, my current nor previous landlord may be contacted

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name: _____

Signature: _____

Social Security No.: _____; Date of Birth: _____

Current Address: _____

RESIDENT VERIFICATION REQUEST

(Please help us by filling this out and faxing back to us ASAP)

Date: _____ Fax: _____
To: _____ Phone: _____
RE: _____

Address: _____

Resident Status: Current Former Apartment #: _____

Monthly Rent: _____ Current Balance Due: _____ For? _____

Move In Date: _____ Move Out Date: _____

Does / Did resident pay on time: Yes No How many late payments: _____

Any NSF's: Yes No If so, how many? _____

Breaking Lease? Yes No Lease Expiration: _____

Was 30-day notice of intent to vacate given: Yes No

Would you re-rent: Yes No

Any complaints/violations: 10 Day Notices Health & Safety Irreparable Breach

If yes, when? _____ For? _____

Bed Bugs? Yes No If yes, When? _____

Has treatment and follow up inspection been completed? Yes No

Comments: _____

Name & Title of person completing this form _____

Thank you for your cooperation.

NorthStar Management & Consulting, Inc

Property: Agave At Twenty Two

Contact Name: Merina

Phone: (520) 298-8485 Fax (520) 298-8319

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Authorized By: _____ Date: _____

Authorized By: _____ Date: _____

EMPLOYMENT VERIFICATION REQUEST

(Please help us by filling this out and faxing back to us ASAP)

Date: _____

Employer: _____ Phone: _____

RE: _____

Address: _____

Employment Status: Current Former

Length of Employment: _____

Gross Monthly Income: _____

If hourly – Rate per hour: _____

Is overtime required: Yes No

If yes how many average overtime hours per month: _____

Probability of continued employment: _____

Any complaints/violations? _____

Comments: _____

Name & Title of person completing this form _____

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Signed: _____ Date: _____

Thank you for your cooperation.

Property: Agave At Twenty Two

Contact Name: _____

Phone: (520) 298-8485 Fax (520) 298-8319