

RENTAL APPLICATION

For each person 18 or over, a separate fee and completed/signed application is required.

PART I - PERSONAL INFORMATION				
LAST NAME		FIRST NAME	M.I.	SOCIAL SECURITY NO., T.I.N or OTHER GOVT-ISSUED ID NO.
DATE OF BIRTH	GOV'T-ISSUED PHOTO ID-TYPE	NUMBER	ISSUING GOV'T	OTHER ID, if applicable
TELEPHONE NO.		EMAIL ADDRESS		

PART II - PROPOSED OCCUPANTS	
NAME	NAME
NAME	NAME
NAME	NAME

PART III - RESIDENCE HISTORY (current & previous for five year period)			
1	PRESENT ADDRESS		CITY STATE ZIP CODE
	RENT AMOUNT	PROPERTY/OWNER	PROPERTY/OWNER TELEPHONE NO.
	DATE MOVED IN	DATED MOVED OUT	REASON FOR MOVING OUT
2	PREVIOUS ADDRESS		CITY STATE ZIP CODE
	RENT AMOUNT	PROPERTY/OWNER	PROPERTY/OWNER TELEPHONE NO.
	DATE MOVED IN	DATED MOVED OUT	REASON FOR MOVING OUT
3	NEXT PREVIOUS ADDRESS		CITY STATE ZIP CODE
	RENT AMOUNT	PROPERTY/OWNER	PROPERTY/OWNER TELEPHONE NO.
	DATE MOVED IN	DATED MOVED OUT	REASON FOR MOVING OUT

PART IV - EMPLOYMENT & INCOME INFORMATION (last two years) - Please indicate if you are a student			
1	OCCUPATION	EMPLOYER NAME	MONTHLY INCOME
	EMPLOYER ADDRESS		CITY STATE ZIP CODE
	NAME - SUPERVISOR/HUMAN RESOURCES	TEL. NO. - SUPERVISOR/HUMAN RESOURCES	DATE STARTED
2	PREVIOUS or CONCURRENT OCCUPATION (circle one)	EMPLOYER NAME	MONTHLY INCOME
	EMPLOYER ADDRESS		CITY STATE ZIP CODE
	NAME - SUPERVISOR/HUMAN RESOURCES	TEL. NO. - SUPERVISOR/HUMAN RESOURCES	DATE STARTED
3	PREVIOUS OCCUPATION	EMPLOYER NAME	MONTHLY INCOME
	EMPLOYER ADDRESS		CITY STATE ZIP CODE
	NAME - SUPERVISOR/HUMAN RESOURCES	TEL. NO. - SUPERVISOR/HUMAN RESOURCES	DATE STARTED

OTHER INCOME SOURCE (E.G. SCHOLARSHIP, SPOUSAL/CHILD SUPPORT, SOCIAL SECURITY, SSI)? PLEASE DESCRIBE AND INDICATE MONTHLY AMOUNT.

PART V - GENERAL INFORMATION			
1. Will you have any pets?	Yes	No	If yes, please explain
2. Will you have liquid-filled furniture?	Yes	No	
3. Have you been convicted of distributing or manufacturing a controlled substance?	Yes	No	
4. Have you been, or are now being, evicted or asked to move?	Yes	No	

Emergency contact: _____ Tel.: _____

Vehicles (please list):

Make	Model	Year	Color	License No.
a.				
b.				

PART VI - AUTHORIZATION

Applicant represents that all the above statements are true and correct and agrees to furnish additional credit references upon request. Applicant understands that false statements may result in the application being denied. Applicant authorizes all persons or firms named on this application to provide any requested information concerning me and hereby waives all right of action for any consequence resulting from the disclosure of such information. Applicant's signature below authorizes Pearl Investment Company LLC to investigate and verify statements contained herein and to obtain reports, including but not limited to, credit reports, eviction reports, social security number verification, previous tenant history and income/employment history. The application fee will be used to process the herein application and is non-refundable.

Apt. No. _____ Rent/Mo.: _____

Applicant Signature: _____ Date: _____

EQUAL HOUSING STATEMENT

Pearl Investment Company LLC and all affiliates are proud to be an equal opportunity housing provider which offers and provide housing regardless of race, color, national original, religion, sex, gender, physical or mental disability, familial status or any other classification protected by applicable federal, state or local law. Dwellings advertised are available on an equal opportunity basis for all persons.



APPLICANT'S CERTIFICATION & AUTHORIZATION

CERTIFICATION

The undersigned certify the following:

I/We have applied to rent an apartment from Pearl Investment Company LLC ("Pearl"). In applying for the apartment, I/we completed a rental application and provided information regarding, among other things, the proposed occupants of the applied-for apartment, my/our rental history, my/our employment history, my/our current job status(es) and income(s). I/We certify that all of the information provided by us is true and complete and that I/we made no misrepresentations in the rental application or other documents, nor did I/we omit any pertinent information. I/We understand that false statements or information may result in Pearl's denial of my/our rental application.

AUTHORIZATION TO RELEASE INFORMATION

The undersigned authorize Pearl Investment Company LLC to verify information contained in my/our rental application and in other documents required in connection with my/our rental application. I/We authorize any person or organization to provide Pearl Investment Company LLC any and all information requested including, but not limited to, employment history and income, rental history and status, and credit history.

I/We understand that all or part of the above information may be made available to other screening and collection services.

A copy of this authorization may be accepted as an original.

Applicant's Signature	Printed Name	Date
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Applicant's Signature	Printed Name	Date
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Applicant's Signature	Printed Name	Date
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Applicant's Signature	Printed Name	Date
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