Thomas Haas Investments

APPLICATION FOR RESIDENCY

***Results** (circle):*

Decline *Approved*

Called with results:

Office use only:

Date Received: _____ **by:** _____

Lease Start Date: _____ End Date: _____

Rent $ _____/month Concession: _____ Term: _____

Pet: _____ Security Deposit: _____

Preferences: _____

Credit

____ Applicant 1 ____ Applicant 2

Criminal Background Check

____ Applicant 1 ____ Applicant 2

Rental History Check

____ Applicant 1 ____ Applicant 2

Employment Check

____ Applicant 1 ____ Applicant 2

Names(s) of person(s) to occupy apartment:

1._____SS#_____Date of Birth_____Phone (____)_____

2._____SS#_____Date of Birth_____Phone (____)_____

Total # of persons to occupy apartment (including children): _____

Adult 1 Current Address _____Dates_____to_____

City _____State_____Zip_____Rent $_____

Adult 1 Current Landlord (Name)_____Phone (____)_____

Adult 1 Previous Address_____Dates_____to_____

City_____State_____Zip_____Rent $_____

Adult 1 Previous Landlord (Name)_____Phone (____)_____

Adult 2 Current Address _____Dates_____to_____

City _____State_____Zip_____Rent $_____

Adult 2 Current Landlord (Name)_____Phone (____)_____

Adult 2 Previous Address_____Dates_____to_____

City_____State_____Zip_____Rent $_____

Adult 2 Previous Landlord (Name)_____Phone (____)_____

RENTERS INSURANCE? YES ____ NO ____ PETS? YES ____ NO ____ TYPE?_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ____ NO ____

INCOME Please list main sources of income, such as employment, unemployment, SSI, child support, gift, etc.

ADULT 1-INCOME 1 Source/Employer_____Start Date _____

Monthly_____ Position_____Supervisor's Name_____Phone (____)_____

ADULT 1-INCOME 2 Source/Employer_____Start Date _____

Monthly_____Position_____Supervisor's Name_____Phone (____)_____

ADULT 2-INCOME 1 Source/Employer_____Start Date _____

Monthly_____ Position_____Supervisor's Name_____Phone (____)_____

ADULT 2-INCOME 2 Source/Employer_____Start Date _____

Monthly_____ Position_____Supervisor's Name_____Phone (____)_____

EMERGENCY CONTACT Name_____Address_____

City_____State_____Zip_____Phone (____)_____

MANAGEMENT RESERVES THE RIGHT TO REQUIRE W2 FORMS, CHECK STUBS OR OTHER DOCUMENTATION OF INCOME AT TIME OF APPLICATION OR LEASE RENEWAL. THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, REQUIRES THAT WE NOTIFY YOU THAT AS PART OF OUR NORMAL PROCEDURE A ROUTINE INQUIRE WILL BE MADE. THIS INQUIRY WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT IF ONE IS MADE WILL BE PROVIDED. OCCUPANCY LIMIT IS 2 PERSONS PER BEDROOM.

RECEIPT IN THE SUM OF $_____IS HEREBY ACKNOWLEDGED. THIS DEPOSIT IS TO BE RETURNED TO THE APPLICANT IF THE APPLICATION IS REJECTED. IF ACCEPTED, THIS SUM WILL BE APPLIED TO THE FIRST MONTH'S RENT. AT THE TIME THE LEASE IS SIGNED, THE APPLICANT AGREES TO PAY THE ENTIRE SECURITY DEPOSIT DUE PLUS THE BALANCE OF THE FIRST MONTH'S RENT. IF THE APPLICANT REFUSES TO SIGN THE LEASE AFTER THE APPLICATION HAS BEEN APPROVED, ACTUAL CHARGES INCURRED WILL BE DEDUCTED FROM THE DEPOSIT AND THE BALANCE, IF ANY, REFUNDED. A GUARANTOR MAY BE REQUESTED IF APPLICANT DOES NOT QUALIFY FINANCIALLY WITH THEIR CURRENT INCOME. IF REQUESTED, A CO-SIGNER/GUARANTOR FORM MUST BE SIGNED, RETURNED AND APPROVED BEFORE OCCUPANCY. IN NO WAY WILL APPLICANT BE RELIEVED OF DUTY OF LEASE IF CO-SIGNER FORM IS NOT RETURNED. LANDLORD MAY NOT DENY HOUSING BASED ON AN APPLICANT'S REFUSAL TO PRODUCE OR DISCLOSE THEIR SOCIAL SECURITY NUMBER.

THE UNDERSIGNED AGREE(S) THAT THE LANDLORD SHALL HAVE UP TO TWENTY-ONE (21) CALENDAR DAYS FROM ACCEPTANCE OF THE EARNEST MONEY DEPOSIT TO APPROVE OR DENY THE RENTAL APPLICATION. NOT LESS THAN SEVEN (7) DAYS AFTER THE START OF THE TENANCY, TENANT MAY REQUEST, IN WRITING, THAT LANDLORD PROVIDE TENANT WITH A LIST OF PHYSICAL DAMAGES OR DEFECTS, IF ANY, CHARGED TO THE PREVIOUS TENANT'S SECURITY DEPOSIT.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR A LEASE. ALL APPLICATIONS ARE SUBJECT TO APPROVAL OF OWNER OR MANAGING AGENT.

TO THE BEST OF MY/OUR KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I HEREBY AUTHORIZE ALL PERSONS OR ENTITIES LISTED HEREIN TO RELEASE ANY INFORMATION IN THEIR POSSESSION KNOWN TO THEM CONCERNING ME. A COPY OF THIS APPLICATION SHALL SERVE AS THE AUTHORITY FOR THE RELEASE OF ANY SAID INFORMATION. I FURTHER AUTHORIZE THOMAS HAAS INVESTMENTS, LLC AND ITS EMPLOYEES AND AGENTS TO MAKE SUCH INQUIRES AS IS DEEMED NECESSARY FOR ACTION AND DETERMINATION UPON THIS APPLICATION. APPLICANT IS ENTITLED TO REVIEW THE LEASE, RULES AND REGULATIONS, AND ANY OTHER FORMS AS MAY BE REQUIRED FOR OCCUPANCY, AND IN SIGNING THIS FORM ATTEST THAT THEY HAVE IN FACT DONE SO TO THEIR SATISFACTION.

Do you wish to receive a written explanation for denial of tenancy? Yes _____ No _____

_____ _____ Date_____

Adult 1's Signature **Adult 2's Signature**

Email: _____ Email: _____

Rental Agent's Signature _____How did you hear about us? _____