



FAIRE HARBOUR LANDINGS RENTAL APPLICATION



Please print or type on top of the lines provided: Each applicant must complete an application
Please read and sign the Resident Screening Guidelines prior to completing application

Equal Housing
Opportunity

A P P L I C A N T	Applicant's Full Legal Name _____		D.O.B. _____	Soc. Sec. # _____
	Home Phone # _____	Work Phone # _____	Cell Phone # _____	E-mail address _____
	How Were You Referred To Faire Harbour Landings? _____			

Y E A R R E S I D E N C Y	Present Street Address _____	Apt. # _____	City _____	State _____	Zip Code _____
	Dates: From - To _____	Yes / No Own home? _____	If "No," Landlord's Name _____	Landlord's Phone # _____	
	Previous Street Address (1) _____	Apt. # _____	City _____	State _____	Zip Code _____
	Dates: From - To _____	Yes / No Own home? _____	If "No," Landlord's Name _____	Landlord's Phone # _____	
	Previous Street Address (2) _____	Apt. # _____	City _____	State _____	Zip Code _____
	Dates: From - To _____	Yes / No Own home? _____	If "No," Landlord's Name _____	Landlord's Phone # _____	
Do You Owe Rent To A Previous Landlord Yes / No _____		Have You Ever Been Evicted and/or Sued For Non-Payment of Rent? _____		Yes / No _____	Current Rent \$ _____
Have You Ever Been Sued For Damage To Rental Property? _____		Yes / No _____	Have You Ever Filed For Bankruptcy _____		Yes / No _____ Year _____

I N C O M E & A S S E T S	Current Employer (1) _____	Employer's Street Address _____	City _____	State _____	Zip Code _____	
	Applicant's Position _____	Dates: From - To _____		\$ _____ Annual Gross Income		
	Verification Contact _____	Contact's Phone # _____	Contact's Fax # _____	Contact's e-mail address _____		
	Current Employer (2) - if applicable _____	Employer's Street Address _____	City _____	State _____	Zip Code _____	
	Applicant's Position _____	Dates: From - To _____		\$ _____ Annual Gross Income		
	Verification Contact _____	Contact's Phone # _____	Contact's Fax # _____	Contact's e-mail address _____		
\$ _____		Amount of Other Income/Assets _____				
\$ _____		Source of Other Income/Assets _____				

O C C U P A N T S	Other Occupant's Name: Co-applicant OR Dependent _____	D.O.B. _____	Other Occupant's Name: Co-applicant OR Dependent _____	D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependent _____	D.O.B. _____	Other Occupant's Name: Co-applicant OR Dependent _____	D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependent _____	D.O.B. _____	Other Occupant's Name: Co-applicant OR Dependent _____	D.O.B. _____
	Other Occupant's Name: Co-applicant OR Dependent _____	D.O.B. _____	Co-signer / Guarantor _____	D.O.B. _____

P E T S	Pet Type _____	Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____	Weight _____
	Pet Type _____	Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____	Weight _____

A U T O S	Make _____	Model _____	Year _____	Color _____	License Plate # & Issuing State _____	Driver's License # & Issuing State _____
	Make _____	Model _____	Year _____	Color _____	License Plate # & Issuing State _____	Driver's License # & Issuing State _____

C O N T A C T S	Emergency Contact's Name (1) _____	Relationship to you _____				
	Emergency Contact's Address _____	Apt. # _____	City _____	State _____	Zip Code _____	
	Home Phone # _____	Work Phone # _____	Cell Phone # _____	E-mail address _____		
	Emergency Contact's Name (2) _____	Relationship to you _____				
	Emergency Contact's Address _____	Apt. # _____	City _____	State _____	Zip Code _____	
	Home Phone # _____	Work Phone # _____	Cell Phone # _____	E-mail address _____		

FOR OFFICE USE ONLY

Apartment # Applying For _____	Unit Size/Type _____	Floor _____	Est. MI Date _____	Monthly Rent _____	Other Fees _____	Security Dep. _____
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Special Requests _____ Lease Term: From - To _____

Date Applicant Notified By: Phone Letter In Person of Acceptance or Denial _____

Leasing Agent That Rented Apt. _____ Leasing Agent That Notified Applicant of Decision _____

Faire Harbour Landings, LLC received a non-refundable screening report fee of \$ _____ advanced deposit of \$ _____ with Check or Money Order # _____ on _____ which is considered the date of application.

Balance due at move-in must be paid in the form of a certified check or money order

I understand that the Owner/Agent will collect a non-refundable screening report fee and an advanced deposit as stated above. I also understand that this deposit will be applied to the security deposit at the time of move-in. I understand that this application is subject to acceptance or denial. If the application is denied or is rescinded, the advanced deposit will be refunded. This application will be processed in accordance with the applicable property's Resident Screening Guidelines in effect on the date of application. I hereby authorize Owner/Agent to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. Should any statement made in this rental application be a misrepresentation or untrue, the application will be denied immediately.

Applicant's printed name _____

Applicant's signature _____ Date _____

Owner/Agent's signature _____ Date _____