



APPLICATION FOR RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

Homestead Management, LLC, is an equal opportunity housing provider in accordance with federal and state guidelines. All properties are drug-free and smoke-free. Properties are leased in compliance with state and local occupancy limits and codes. All leases are written for a minimum of one year. All residents over age 18 will be named parties on the lease.

Property address for which application is being completed:	Proposed date of occupancy and lease term:	Proposed monthly rent:
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APPLICANT INFORMATION

Last Name:	First Name:	M.I.	Jr./Sr./III	SSN:	Driver's License # and State:
Birth Date:	Cell Phone:	Work Phone:	Email:		
Have you ever gone by another name? If yes, what names?					<input type="radio"/> YES <input type="radio"/> NO
Name and legal relationship of any co-applicant or co-signer:					

VERIFICATION OF LEGAL RESIDENCY STATUS:

Where were you born? (Please provide the City, State or Province, and Country)	City:	State or Province:	Country:
If you are a born or naturalized citizen of the United States, do you still retain your legal citizenship in this country?			<input type="radio"/> YES <input type="radio"/> NO
If not a born or naturalized citizen of the United States, do you have a legal right to reside here?			<input type="radio"/> YES <input type="radio"/> NO
If yes, do you have valid documentation from the U.S. Dept. of Citizenship and Immigration Services (USCIS)?			<input type="radio"/> YES <input type="radio"/> NO
If yes, as a Non-U.S. citizen with proper Visa documentation, please provide the following:			
Reason that you are living in the U.S.A.:	Visa Type:	Visa Expiration Date:	

OTHER OCCUPANTS UNDER AGE 18

1. Last Name:	First Name:	M.I.	Relationship:		
Birth Date:	Cell Phone:	Work Phone:		Driver's License # and State:	SSN:
2. Last Name:	First Name:	M.I.	Relationship:		
Birth Date:	Cell Phone:	Work Phone:		Driver's License # and State:	SSN:
3. Last Name:	First Name:	M.I.	Relationship:		
Birth Date:	Cell Phone:	Work Phone:		Driver's License # and State:	SSN:

CURRENT ADDRESS

Street Address:	City:	State:	ZIP:
If renting, list apartment or condominium complex name and unit number:	Monthly Rent:	Date In:	Date Out:
If renting, landlord's name:	Landlord's Phone:	Landlord's Email:	
If own, what is the current status of the property, i.e. presently up for sale, foreclosure, short sale, part of a divorce settlement, etc.?			
If own, provide monthly mortgage obligation for which you are responsible:			
Reason for leaving:			

PREVIOUS ADDRESS

Street Address:	City:	State:	ZIP:
If rented, list apartment or condominium complex name and unit number:	Monthly Rent:	Date In:	Date Out:
If rented, landlord's name:	Landlord's Phone:	Landlord's Email:	
If owned, what is the current status of the property, i.e. presently up for sale, foreclosure, short sale, part of a divorce settlement, etc.?			
If owned, provide monthly mortgage obligation for which you are responsible:			
Reason for leaving:			

CURRENT EMPLOYMENT & INCOME INFORMATION

1. Job/Position Title:		Employer Name and Address:		Gross Monthly Income:		
Human Resources (HR) Office Phone:		HR Email:		Start Date:		<input type="radio"/> Full Time <input type="radio"/> Part Time
2. Job/Position Title:		Employer Name and Address:		Gross Monthly Income:		
Human Resources (HR) Office Phone:		HR Email:		Start Date:		<input type="radio"/> Full Time <input type="radio"/> Part Time

ADDITIONAL INCOME (Include Pension, Social Security, Alimony, Child Support, Dividends, Etc.)

1. Additional Income Description:		Provider of Income:	Phone:	Email:	Monthly Income:
2. Additional Income Description:		Provider of Income:	Phone:	Email:	Monthly Income:

PREVIOUS EMPLOYMENT & INCOME INFORMATION

Job/Position Title:		Employer Name and Address:		Gross Monthly Income:		
Human Resources (HR) Office Phone:		HR Email:		Start Date:		End Date:
Reason for Leaving:						

EMERGENCY CONTACTS

1. Name:		Address:		Phone:		Relationship:		
Contact has permission to enter your rental property in the case of death or other emergency?							<input type="radio"/> YES	<input type="radio"/> NO
2. Name:		Address:		Phone:		Relationship:		
Contact has permission to enter your rental property in the case of death or other emergency?							<input type="radio"/> YES	<input type="radio"/> NO

BACKGROUND INFORMATION

Do you or any proposed occupants use any tobacco products? If yes, please describe:

YES

NO

Have you or any proposed occupants been convicted, charged, arrested, indicted, plead guilty or no contest to any felony or misdemeanor? If yes, please provide the date of offense, type of offense and location where it occurred:

YES

NO

Are you or any proposed occupants currently in the process of being evicted from a tenancy, or have you ever been evicted from a tenancy or left a tenancy owing money? If yes, please provide date, property name, landlord's name, amount owed and final disposition of the case:

YES

NO

Have you or any proposed occupants ever been asked to move because of an alleged lease violation of any kind? If yes, provide details of the move including property name and address, date and circumstances:

YES

NO

Are you or any proposed occupants registered or required to register as a sex offender in any state in the United States? If yes, provide date of judgment and location:

YES

NO

Have you or any proposed occupants ever filed for bankruptcy? If yes, please provide names of the parties involved, date, jurisdiction, any other pertinent details of the case and the final disposition:

YES

NO

PETS OR SERVICE ANIMALS

Do you have any pets or service animals?

YES

NO

If yes, provide details below. Note that a separate Pet Policies, Rules and Lease Addendum document with associated fees and restrictions is required at lease signing.

Name:

Name:

Type:

Age:

Type:

Age:

Breed:

Weight:

Breed:

Weight:

AUTOMOBILES (Include Vehicles Belonging to Other Proposed Occupants)

Make:

Model:

Color:

Year:

License tag #, State & County:

Make:

Model:

Color:

Year:

License tag #, State & County:

Make:

Model:

Color:

Year:

License tag #, State & County:

OTHER VEHICLES (Boats, RV's, Trailers, Motorcycles, ATV'S, Etc.)

Make:	Model:	Color:	Year:	License tag #, State & County:

RENTER'S INSURANCE

Applicant acknowledges that Homestead Management, LLC requires all renters over age 18 to be covered by an active Renter's Insurance policy. Coverage will be a minimum of \$100,000 liability and \$50,000 for contents. Applicant understands that he/she is responsible for the entire cost of this policy throughout the duration of residency.

Initials: _____

SECURITY DEPOSIT

The full amount of the Security Deposit, as determined by Homestead Management, must be received in certified funds within 24 hours after this rental application is approved. Failure to do so releases the property back to the market with no further obligations on the part of Homestead Management to the applicant. Security Deposit is forfeited if the applicant fails to fully execute a Lease for Residential Property within 48 hours of said payment being accepted by Homestead Management.

Initials: _____

AUTHORIZATION AND RELEASE

I believe and warrant that the statements I have made herein are true and correct. I understand that my rental application will be reviewed by a professional screening company. I hereby authorize the conduct of credit, rental history, employment and/or criminal background checks, verification of all information that I provided herein, and communication with my present and former employers, landlords and creditors for the purpose of evaluating this application. I understand that additional resources may be used to verify this application. I hereby release **Homestead Management, LLC** and all parties from liability for damages issuing from their collective good faith effort to process my rental application.

I agree that credit report(s) may be obtained before and during the term of the proposed lease and after the expiration or termination of the lease as part of any effort to collect rent, court costs, administrative fees, and other charges owed under such lease. I understand that any discrepancy or lack of information on the rental application may result in its rejection and/or the termination of any lease entered into with **Homestead Management, LLC**. I further understand that any questions that I have regarding a rejected application must be submitted in writing within seven (7) calendar days of such rejection.

I understand that this document is an application for a rental residence and does not constitute a rental or lease agreement in whole or in part. I further understand that formal processing of this rental application will not commence until the required and non-refundable application fee is paid. Any delay on my part in submitting the application fee may result in another party being approved for tenancy.

Note to Applicant: The information contained in this application or obtained as a result of the authorization given herein will not be sold or distributed to others. However, **Homestead Management, LLC** and its agents may use such information to decide whether to lease the subject property to an applicant and for all other purposes relative to any future lease agreement between the parties, including the enforcement of all lease terms.

Printed Name: _____

Signature: _____

Date of Submission: _____

FOR OFFICE USE ONLY

Residency Status Verified

Proof of Income Submitted

Government Issued ID Submitted

Application Fee Submitted



HOMESTEAD
Management, LLC

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