

RENTAL/LEASE APPLICATION

This Application is made to rent/lease premises known as:

8516 Boundary Ave
Unit #E4
Anchorage, Alaska 99504

Desired date of occupancy: _____

Print CLEARLY Full **Legal** Name of Applicant(s):

** This premises is designated as **NON-SMOKING**. **

APPLICANT #1

First: _____ Middle: _____ Last: _____

DOB _____ DL#: _____ EXP: _____ State: _____ SSN: _____ - _____ - _____

APPLICANT #2

First: _____ Middle: _____ Last: _____

DOB _____ DL#: _____ EXP: _____ State: _____ SSN: _____ - _____ - _____

Current Address: _____ Home Phone: (____) _____ - _____

_____ Phone #2: (____) _____ - _____

City: _____ State: _____ Zip: _____ Work Phone: (____) _____ - _____

Landlord Reference #1

Address: _____

How Long: _____

Landlord's Name: _____

Phone: _____

Current Rent/Lease: \$ _____

Reason for Moving: _____

Landlord Reference #2

Address: _____

How Long: _____

Landlord's Name: _____

Phone: _____

Rent/Lease Payment: \$ _____

Reason for leaving: _____

FINANCIAL INFORMATION #1

(attach if necessary)

Current Employer: _____

Employer Address: _____

Position: _____

How Long: _____

Supervisor/Manager: _____

Employer Phone: _____

Annual Income: _____

FINANCIAL INFORMATION #2

(attach if necessary)

Current Employer: _____

Employer Address: _____

Position: _____

How Long: _____

Supervisor/Manager: _____

Employer Phone: _____

Annual Income: _____

Prior Address #1: _____

City: _____ State: _____ Zip: _____

Prior Address #2: _____

City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION

Number of Occupants: _____
(Adults _____, Children _____)
Do you, or anyone in your household smoke? Yes _____ No _____
Do you have a Waterbed? Yes _____ or No _____
Do you have Pets of any sort? Yes _____ or No _____
If Yes, What kind and how many: _____

Vehicle #1

Vehicle #2

Make/Model _____

Make/Model _____

Year _____

Year _____

License Number _____

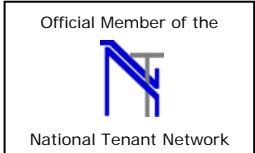
License Number _____

NOTES

I, the Applicant, represent that the information provided in and/or with this Application is true and correct to the best of my knowledge. Any misrepresentation may result in refusal of this Application. And hereby grant the Landlord and/or Manager(s) authorization to verify the References, Financial Information, and any Additional Information that may be supplied with this Application. Furthermore, I understand that filling out and returning this Rental/Lease Application is no guarantee of Tenancy for this Property, and that the Applicant awarded Tenancy will be done so without regard to Race, Creed, or Sex. I also understand that the information contained on or with this form and/or Rental/Lease Agreement may be maintained in a Tenant Performance Database for up to seven (7) years after I vacate the premises.

APPLICANT'S SIGNATURE #1 _____ DATE _____

APPLICANT'S SIGNATURE #2 _____ DATE _____



OFFICE USE ONLY
ACCEPTED _____ DECLINED _____
by: _____

Contact Info
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