

CCB RENTAL APPLICATION



**Equal Housing
Opportunity**

**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**

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 Landings? _____				
3 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. _____		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 _____		
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. _____			
Special Requests _____				Lease Term: From - To _____			
Date Applicant Notified By: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person		of <input type="checkbox"/> Acceptance or <input type="checkbox"/> Denial					
Leasing Agent That Rented Apt. _____				Leasing Agent That Notified Applicant of Decision _____			
Landings received a non-refundable application fee of \$ _____ and a holding 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 application fee and a reservation fee as stated above. I also understand that I will have three days from the time and date of application to cancel this Rental Application. I understand that if I rescind my application after three days from the initial time and date of application, the entire balance on my account will be forfeited. I understand that this application is subject to acceptance or denial. If this application is denied the reservation fee will be returned to applicant. 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 to 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 _____