



# 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

APPLICANT	Applicant's Full Legal Name _____			Soc. Sec. # _____		
	( ) - ( ) - ( ) - _____		( ) - ( ) - ( ) - _____		( ) - ( ) - ( ) - _____	
	Home Phone # _____		Work Phone # _____		Cell Phone # _____	
	E-mail address _____					
How Were You Referred To Landings? _____						
3 YEAR RESIDENCY	Present Street Address _____		Apt. # _____		City _____	
	State _____		Zip Code _____		Landlord's Phone # _____	
	Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____	
	Previous Street Address (1) _____		Apt. # _____		City _____	
	State _____		Zip Code _____		Landlord's Phone # _____	
	Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____	
	Previous Street Address (2) _____		Apt. # _____		City _____	
State _____		Zip Code _____		Landlord's Phone # _____		
Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____		
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 _____		
INCOME & ASSETS	Current Employer (1) _____		Employer's Street Address _____		City _____	
	State _____		Zip Code _____		Annual Gross Income \$ _____	
	Applicant's Position _____		Dates: From - To _____		Contact's e-mail address _____	
	Verification Contact _____		Contact's Phone # _____		Contact's Fax # _____	
	Current Employer (2) - if applicable _____		Employer's Street Address _____		City _____	
	State _____		Zip Code _____		Annual Gross Income \$ _____	
	Applicant's Position _____		Dates: From - To _____		Contact's e-mail address _____	
Verification Contact _____		Contact's Phone # _____		Contact's Fax # _____		
Amount of Other Income/Assets \$ _____		Source of Other Income/Assets _____				
OCCUPANTS	Other Occupant's Name _____			Other Occupant's Name _____		
	Other Occupant's Name _____			Other Occupant's Name _____		
	Other Occupant's Name _____			Other Occupant's Name _____		
	Other Occupant's Name _____			Other Occupant's Name _____		
	Other Occupant's Name _____			Guarantor _____		
PETS	Pet Type _____		Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____		Weight _____	
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AUTOS	Make _____		Model _____		Year _____	
	Color _____		License Plate # & Issuing State _____		Driver's License # & Issuing State _____	
CONTACTS	Emergency Contact's Name (1) _____			Relationship to you _____		
	Emergency Contact's Address _____		Apt. # _____		City _____	
	State _____		Zip Code _____		Landlord's Phone # _____	
	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 _____		Landlord's Phone # _____	
Home Phone # _____		Work Phone # _____		Cell Phone # _____		
E-mail address _____						
<b>FOR OFFICE USE ONLY</b>						
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 _____			
<b>Landings received a non-refundable application fee of \$ _____ and a reservation fee 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</b>						
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 and/or review consumer reports (obtained by the Owner/Agent or supplied by Applicant), 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 \_\_\_\_\_