

Real Estate Leasing and Management
JCHiggins & Associates
Property Managers Initials: _____

For Office Use Only	
Date:	_____
Property:	_____
Unit #:	_____ Rent: _____
Agent:	_____ Deposit: _____

Please complete all requested information on both pages. Thank you for your interest in our property.

Date of application: _____ Desired Date of Occupancy: _____

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Social Security Number: _____ Driver License State & No. _____

Phone: _____ Email: _____

Spouse's Full Name: _____ Date of Birth: _____

Social Security Number: _____ Driver License State & No. _____

Phone: _____ Email: _____

Full Names of all others to occupy unit:	Relationship to you:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many pets do you or other occupants own? _____ What type of pet? _____

How did you hear about our property? _____

Do you speak any foreign languages fluently? _____ Which language? _____

Do you have any additional sources of income? If so, please list _____

RESIDENCE HISTORY

Present Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Date of Move-in: _____

Present Landlord/Mortgage Company: _____ Phone Number: _____

Monthly Payment: _____ Reason for Moving: _____

Previous Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Date of Move-in: _____ Move-out: _____

Present Landlord/Mortgage Company: _____ Phone Number: _____

Monthly Payment: _____ Reason for Moving: _____

EMPLOYMENT HISTORY

Present Employer: _____ From: _____ To: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Position Held: _____

FT/PT _____ Gross Monthly Salary: _____

Previous Employer: _____ From: _____ To: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Position Held: _____

FT/PT _____ Gross Monthly Salary: _____

Spouse's Present Employer: _____ From: _____ To: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Position Held: _____

FT/PT _____ Gross Monthly Salary: _____

OTHER INFORMATION

Please list all vehicles owned by you and all others to occupy unit

Year: _____ Make: _____ Model: _____ Color: _____ Plate No./State: _____

Year: _____ Make: _____ Model: _____ Color: _____ Plate No./State: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship to you: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship to you: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

DECLARATIONS

	Applicant	Co-Applicant
1. Are there any outstanding judgments against you?	Y/N	Y/N
2. Have you ever been convicted of a criminal offense?	Y/N	Y/N
3. Have you ever been evicted?	Y/N	Y/N
4. Have you ever received an unlawful detainer?	Y/N	Y/N
5. Have you declared bankruptcy within the past 7 years?	Y/N	Y/N
6. Do you owe any rental agencies/landlords money?	Y/N	Y/N

ACKNOWLEDGMENT AND NOTIFICATION TO APPLICANT

I understand I acquire no rights in any property until I sign this agreement and submit a holding fee in the form of a **cashier's check or money order only**, for the amount of the particular security deposit for that unit. If my application is approved and I sign a Rental Agreement this holding fee shall be credited to my security deposit. If my tenancy is approved but I DO NOT sign a Rental Agreement and move-in the holding fee shall be forfeited to the owner as liquidated damages.

I understand I must pay a \$50 NON-REFUNDABLE APPLICATION FEE (PER PERSON) for screening my application made payable to JCHiggins & Associates. If this application is denied because of adverse credit findings I may contact TRANSUNION at (800) 888-4213.

I/We hereby authorize JCHiggins & Associates to immediately obtain such credit reports, verifications of income and of rental and employment histories and criminal background checks. I/We further understand that false, fraudulent or misleading information disclosed above may constitute grounds for rejection of this application, termination of rights of occupancy, and/or forfeiture of deposits/holding fee and may constitute a criminal offense under the laws of this STATE.

We do not accept a comprehensive reusable tenant screening report.

Applicant: _____ Co-Applicant: _____

Date: _____

Request for Verification of Rent

Do NOT fill out this form

For Office Use ONLY

Property Manager/Owner: _____ Fax: _____

This is a request for verification of Resident History. We are processing an application for residency and need to complete our processing within 24 hrs. Your attention and response are necessary in order to expedite their approval.

Name of Tenant: _____ Social Security# _____

Property address: _____ Unit # _____

Please complete the following:

Move in date: _____

Date of move out: _____

Amount of rent: _____

Did tenant pay rent on time: Y N

Paid on time every month

Late every month, but regular

Not regular

Behind 1 or more months

Not regular

Behind 1 or more months

Grade the condition of the unit after move out: A__ B__ C__ D__ (A=Excellent)

Any Damages Y N

Damages in the amount of \$ _____

Any complaints Y N

If yes please explain _____

Did Tenant give proper notice? Y N

Y N

Did tenant have any pets? Y N

Y N

Would you re-rent to this tenant? Y N

Verified By: _____ Title: _____

Date: _____

Please complete and fax back to (253) 770-9568

Thank You,

Manager

Authorization:

I/We hereby authorize JCHiggins and Associates to immediately obtain such credit reports, verification of rental history and employment history. I/We further understand that false, fraudulent or misleading information disclosed above may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this STATE.

Applicant Signature Authorization

Date

Request for Verification of Employment

Do NOT fill out this form

For Office Use Only

Employer: _____ Fax: _____

This is a request for verification of employment. We are processing an application for residency and need to complete our processing within 24 hrs. Your attention and response are necessary in order to expedite their approval.

Name of Employee: _____ Social Security # _____

Please complete the following:

Position: _____ Location: _____

Rate of pay: _____ Date of hire: _____

Full time: _____ Part time: _____ Hours per Week: _____

Verified By: _____ Title: _____ Date: _____

If previous employee, please answer:

Date of separation: _____ Would rehire Y _____ N _____

Verified By: _____ Title: _____ Date: _____

Please complete and fax back to (253) 770-9568

Thank You,

Manager

Authorization:

I/We hereby authorize JCHiggins and Associates to immediately obtain such credit reports, verification of rental history and employment history. I/We further understand that false, fraudulent or misleading information disclosed above may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits and may constitute criminal offense under the laws of this STATE.

Applicant Signature Authorization

Date Signed