## APPLICATION FOR RENTAL Pepperwood

A seperate application required from each occupant 18 years of age or older.

APPLICANT INFORMATION								
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #				
BIRTH DATE	HOME PHONE	CELL PHONE	EMAIL	1				
<b>CURRENT ADDRE</b>	SS							
STREET ADDRESS		CITY	STATE	ZIP				
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE				
MONTHLY RENT \$	REASON FOR LEAVING	-						
PREVIOUS ADDRESS								
STREET ADDRESS		CITY	STATE	ZIP				
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE				
MONTHLY RENT \$	REASON FOR LEAVING							
OTHER OCCUPAN	ITS							
LIST NAMES AND BIRTH DA	TES OF ALL ADDITIONAL OC	CUPANTS 18 YEARS OR OLDE	ER					
LIST NAMES AND BIRTH DA	TES OF ALL DEPENDANTS 18	YEARS OR YOUNGER						
PETS								
PETS?	DESCRIBE							
	DESCRIBE							
PETS?	DESCRIBE  NCOME INFORMAT	TION						
PETS?		FION EMPLOYER/COMPANY		MONTHLY SALARY				
PETS?  EMPLOYMENT & I			START DATE					
EMPLOYMENT & I		EMPLOYER/COMPANY	START DATE	\$				
EMPLOYMENT & I  1. OCCUPATION  SUPERVISOR NAME		EMPLOYER/COMPANY  SUPERVISOR PHONE	START DATE  START DATE	\$ END DATE MONTHLY SALARY				
EMPLOYMENT & I  1. OCCUPATION  SUPERVISOR NAME  2. PREVIOUS OCCUPATION		EMPLOYER/COMPANY  SUPERVISOR PHONE  EMPLOYER/COMPANY		\$ END DATE  MONTHLY SALARY \$				
EMPLOYMENT & I  1. OCCUPATION  SUPERVISOR NAME  2. PREVIOUS OCCUPATION  SUPERVISOR NAME  1.FINANCIAL AID		EMPLOYER/COMPANY  SUPERVISOR PHONE  EMPLOYER/COMPANY  SUPERVISOR PHONE		\$ END DATE  MONTHLY SALARY \$ END DATE  MONTHLY INCOME				
EMPLOYMENT & I  1. OCCUPATION  SUPERVISOR NAME  2. PREVIOUS OCCUPATION  SUPERVISOR NAME  1.FINANCIAL AID	NCOME INFORMAT	EMPLOYER/COMPANY  SUPERVISOR PHONE  EMPLOYER/COMPANY  SUPERVISOR PHONE		\$ END DATE  MONTHLY SALARY \$ END DATE  MONTHLY INCOME \$ MONTHLY INCOME				
PETS?  EMPLOYMENT & I  1. OCCUPATION  SUPERVISOR NAME  2. PREVIOUS OCCUPATION  SUPERVISOR NAME  1.FINANCIAL AID  2. OTHER INCOME DESCRIP	NCOME INFORMAT	EMPLOYER/COMPANY  SUPERVISOR PHONE  EMPLOYER/COMPANY  SUPERVISOR PHONE		\$ END DATE  MONTHLY SALARY \$ END DATE  MONTHLY INCOME \$ MONTHLY INCOME				
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EMPLOYMENT & I  1. OCCUPATION  SUPERVISOR NAME  2. PREVIOUS OCCUPATION  SUPERVISOR NAME  1.FINANCIAL AID  2. OTHER INCOME DESCRIP  EMERGENCY CON  1. NAME  2. NAME	TION (EXAMPLE PARENT FUNITACT ADDRESS ADDRESS	EMPLOYER/COMPANY  SUPERVISOR PHONE  EMPLOYER/COMPANY  SUPERVISOR PHONE	START DATE  PHONE	\$ END DATE  MONTHLY SALARY \$ END DATE  MONTHLY INCOME \$ MONTHLY INCOME \$ RELATIONSHIP				

BACKGROUND II	NFORMATION								
HAVE YOU EVER:	Filed for bankruptcy?			Willfully or intentionally refused to pay rent when due?					
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.								
	☐ Yes ☐ No  Been convicted of a crime? If yes, please provide Type of Offense, County, and State.								
BANKING AND C	Yes No	NCES							
	ILDII ILI LIL		ADDE	DESC CITY STATE ZID		TELEBUONE NO			
CREDIT REFERENCE		ACCOUNT # A		ADDRESS, CITY, STATE, ZIP		TELEPHONE NO			
NAME OF BANK OR SAVINGS & LOAN (BRANCH)		CHECKING ACCOUNT	ADDF	ADDRESS, CITY, STATE, ZIP TELEPHONE		TELEPHONE NO.			
		SAVINGS ACCOUNT							
VEHICLE INFORM	MATION								
1. MAKE & MODEL				YEAR	LICEN	ISE NO. & STATE			
2. MAKE & MODEL				YEAR	R LICENSE NO. & STAT				
OTHER VEHICLES				L					
OTHER INFORMA	ATION								
HOW DID YOU HEAR ABOU	UT THIS PROPERTY?								
PLEASE INCLUDE ANY OT	HER INFORMATION YOU	J BELIEVE WOULD HELP TO	EVALUA	TE THIS APPLICATION					
APPLICATION PROC	ESSING FEE: \$40.0	00							
tenancy of this apartment conneeded to verify all information	mmunity is being initiated. on put forth in this applicati	T, this is to inform you that a c I further authorize FPI Manage ion. Management reserves the d against our policy to discrimi	ement, Inc. right to te	to obtain credit reports, charminate at its election if any	aracter reports person knowi	s and rental history as ngly or willingly makes			
		partment until a fully ex the best of my knowled							
(Signed/Applicant)		 Date							



