



# RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married). Please fill out this form **COMPLETELY** and sign where indicated. Every applicant must have a minimum credit score of 625 to be considered. There is no application fee for submitting this application.

PERSONAL INFORMATION			
LAST NAME	FIRST	MIDDLE	S.S.#
DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> MARRIED SINCE ____ <input type="checkbox"/> DIVORCED SINCE ____ <input type="checkbox"/> SINGLE		DRIVERS LICENSE # & STATE OF ISSUANCE
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME		PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK (PLEASE LIST EXTENSION IF APPLICABLE)	EMAIL
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME AT CURRENT ADDRESS	PRESENT LANDLORD (FULL NAME)		LANDLORD PHONE
REASON FOR LEAVING	AMOUNT OF RENT		Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES QNO
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD		LANDLORD PHONE
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? * <input type="checkbox"/> YES Q NO

## PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

## PROPOSED PET(S)

NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

## VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE#	STATE
YEAR	MAKE	MODEL	COLOR	PLATE#	STATE

## EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE EXT.:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
PREVIOUS EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE EXT.:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

## INCOME

CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

## CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN	BALANCE	MONTHLY	CREDITOR'S
LIEN HOLDER	OWED	PAYMENT	PHONE #
CREDIT CARD	BALANCE	MONTHLY	CREDITOR'S
COMPANY	OWED	PAYMENT	PHONE #
CREDIT CARD	BALANCE	MONTHLY	CREDITOR'S
COMPANY	OWED	PAYMENT	PHONE #
CREDIT CARD	BALANCE	MONTHLY	CREDITOR'S
COMPANY	OWED	PAYMENT	PHONE #
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
BANK ACCOUNT	BALANCE	MONTHLY	ACCOUNT
NAME OF BANK		PAYMENT	NUMBER

## EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK (PLEASE LIST EXTENSION IF APPLICABLE)
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK (PLEASE LIST EXTENSION IF APPLICABLE)
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK (PLEASE LIST EXTENSION IF APPLICABLE)
RELATION	ADDRESS	CITY/STATE/ZIP
PERSONAL REFERENCE	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE <input type="checkbox"/> HOME <input type="checkbox"/> WORK (PLEASE LIST EXTENSION IF APPLICABLE)
RELATION	ADDRESS	CITY/STATE/ZIP

## APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

By my using the e-signature feature of this online application, I represent and warrant without reservation that I have the legal right, power, and authority to agree to all terms contained in the electronic records of this online application.

X \_\_\_\_\_  
APPLICANT SIGNATURE DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

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In order to facilitate the processing of your application please fully complete the application above and provide all of the necessary documentation as outlined below:

- An earnest money deposit ("Security Deposit") equivalent to one month's rent. This will be placed in escrow immediately upon Landlord's acceptance of this Application. (If this Application is not accepted, the Security Deposit will be refunded to the Applicant(s).)
- Your last two (2) pay stubs or your Leave & Earnings Statement (LES)
- Your most recent IRS Schedule "C" if you are self-employed.
- A copy of the signed lease if you have rental property and you need that income in order to qualify.
- Documentation of any additional income stated on your application.
- A copy of your driver's license

Checks should be made payable to CMIC. We look forward to working with you.

Sincerely,

Management  
Attn: Leasing Manager  
leasing@CMICloan.com  
Fax: 703.522.2264  
Phone: 703.522.2200

If you prefer to print this application please fax or email it to:  
Attn: Leasing Manager  
leasing@CMICloan.com  
Fax: 703-522-2264