

FinnDillon, Inc.
APPLICATION FOR LEASE

Policy: Applicant must be 21 years of age and be employed full time or have a parent or guardian co-sign the Application For Lease Agreement.

APARTMENT # _____ DATE: _____ AGENT: _____ APPLICATION Fee \$25.00

Name: Last: _____ First: _____ Middle: _____

SSN: _____ Birthday: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Names of all persons occupying the residence (Use the back side of this Page for additional occupants)

<u>Full Name</u>	<u>Age</u>	<u>Relationship</u>
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Residential History

Current Physical Address (No PO Boxes): Street: _____

City: _____ State: _____ Zip: _____

Amount of time at this address: _____ Reason for Leaving: _____

Landlords Name _____ Phone # _____

Previous address (No PO Boxes): Street _____

City: _____ State: _____ Zip: _____

Amount of time at this address _____ Reason for Leaving _____

Landlords Name _____ Phone # _____

Employment Information

<u>Employer</u>	<u>Length of employment</u>	<u>Full time</u>	<u>Part time</u>
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<u>Student</u>	<u>Rent assistance</u>	<u>Unemployed</u>	
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Supervisor Name _____ Work Phone# _____

<u>Salary \$</u>	<u>Week</u>	<u>Monthly</u>	<u>Annually</u>
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<u>Rental Assistance Provider</u>			<u>Amount:</u>
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<u>Co-Applicant Employer</u>	<u>Length of employment</u>	<u>Fulltime</u>	<u>Part time</u>
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<u>Student</u>	<u>Rent Assistance</u>	<u>Unemployed</u>	
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Supervisor Name _____ Work Phone# _____

<u>Salary \$</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Annually</u>
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<u>Rental Assistance Provider:</u>			<u>Amount:</u>
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Other Sources of Income & Amount (Please Describe): _____

Emergency Contact: _____ Phone# _____

Relationship _____

Where may we reach you to discuss this Application? Day: _____ Night _____

YES/ NO Have you or your spouse or co-lessee ever been sued for non-payment of debt or filed bankruptcy? If you circled YES, explain on the back of this application.

YES/ NO Have you or any one that will be occupying the leased premises been convicted of a misdemeanor or felony or any violent crime or sex related crime? If you circled YES, explain on the back of this application.

YES/ NO Have you or any one that will be occupying the premises been institutionalized for any mental disorder?

I UNDERSTAND THAT NO PETS ARE ALLOWED AND THAT ANY PETS ON THE PREMISES AT ANY TIME, BY ANYONE, FOR ANY REASON, IS CAUSE FOR IMMEDIATE EVICTION.

Lessee Initials

Co-lessee Initials

I HEREBY AFFIRM THAT THE INFORMATION LISTED IS TRUE AND CORRECT AND IS GIVEN TO INDUCE FINNDILLON INC. TO LEASE PROPERTY TO ME. I FURTHER AUTHORIZE FINNDILLON, INC. TO OBTAIN A CREDIT REPORT ON MY CREDIT HISTORY AND TO VERIFY EMPLOYMENT AND SALARY INFORMATION AND FORMER ADDRESS AND LEASE INFORMATION AND OBTAIN CRIMINAL, CIVIL AND ANY OTHER BACKGROUND HISTORY.

Lessee Signature Date

Co-Lessee signature Date

QUESTIONS TO ASK FORMER LANDLORD

NAME _____

1. DID THIS FORMER TENANT LEAVE OWING MONEY FOR RENT OR UTILITIES?
YES NO

2. WOULD YOU RENT TO THIS PERSON AGAIN?
YES NO

3. WOULD YOU DESCRIBE THIS PERSONS HOUSE KEEPING HABITS AS
GOOD FAIR POOR

4. DID THEY PAY THEIR RENT ON TIME
YES NO

5, DID THEY GET ALONG WITH THEIR NEIGHBORS
YES NO

6 .DID THE FORMER TENANT HAVE ANY PETS
YES NO

7. DID THIS TENANT DESTROY ANY PROPERTY

APPROVED / DISAPPROVED.