MRS MANAGE	MENT, LLC	For office use only Apt#Move in date				
	,	Lease dates: From				
		Monthly rentSecu	rity deposit			
APPLICATION FOR R	ESIDENCY	Keys/locksDepos	sit last month			
(Subject to approval)		Pets/Fees/Smoker				
Community Name		Parking fee	Leasing agent			
	(Please print o	clearly)				
Personal information: Resid	lent/Leaseholder	Co-signor/Guaranto	or			
First name	Middle	Last name				
Maiden name (if applicable)	Date of bir	th				
Social security number	Driver's License nu	mber/State				
Phone number home	Cell	Work				
Email address (s)						
Current address	City_	State	Zip			
Move in dateCurre	nt rent \$Re	eason for leaving				
Current landlord		Telephone number				
Address	City	State	Zip			
Previous address	City	State	Zip			
Previous landlord		Telephone number				
Address	City	State_	Zip			
Employment information:						
Present employer		Position/Title				
Address	City	State	Zip			
Salarymonth	year Le	ngth of employment				
Supervisor's name	Telephone number					
Previous employer	Position/Title					
Address	City	State	Zip			
Supervisor's name		Telephone number				
Salarymonth	_year Length of employm	ient				

Other Income: (Wage support, etc)	es, Investments, So	cial Security,	, Disability, Ali	mony, Child		
	Amount_		monthly/yearly			
2. Source	Amount_		monthly/ye			
Motor Vehicle Inform (motorcycles, large c allowed on the prope	ommercial vehicles	, and vehicle	s not registere	ed are not		
1. Make/model	year	color	plate/state_			
2. Make/model	year	color	plate/state_			
Occupant Information (list ALL persons that Name 1	Social Security#		Relationship			
2						
3						
4						
Emergency contact in						
Name	Relationship	0	Telephone #			
Address	Ci	ty	State	Zip		

Please complete the following information:

1.	Have	you	or any	/ occup	ants b	een convic	ted of	any cri	minal d	offense (inclu	iding se	xual off	enses)	
Or	have	any	charg	es peno	ding?	Applicant		_yes	n	o / Occupant		_yes	no	
2.	Have	you	ever	had an	y ligiti	ations such	ı as ev	victions,	suits,	judgements	(civil or	crimina	ıl), bankrı	uptcies,
fo	reclosi	ures,	etc. 🖌	Applica	ant	yes	n	o / Occu	pant_	yes	n)		

Please read carefully before signing below:

The undersigned authorizes that:

Credit reports obtained from any consumer reporting agency, verification of my rental history be obtained from landlords, property management companies, or any other sources, employment verification and history be obtained from present and past employers, and references be obtained from any source which could attest to my credibility, suitability, and worthiness to rent a housing accommodation. The undersigned also warrants and represents that all statements herein are true. If any statement herein made is not true, or applicant chooses to withdraw this application for any reason, the deposit will be applied to rent or actual damages sustained by the owner, except the deposit will be refunded if said application is not accepted by the owner. In addition, if you are approved for a dwelling unit, you authorize that the landlord can report your name to the appropriate Consumer Credit Reporting Agency as the occupant of this dwelling unit. This application may also be released to any company, agency, etc. upon their request.

Applicant's Legal signature:

Date:_____Date:_____Date:_____Date:_____Date:_____Date:____ If you are approved to rent a dwelling unit, and we later discover you are a narcotics user or dealer, or are a participant in any illegal activity, we will immediately report this illegal activity to the local police authorities. We will also willingly participate, if requested, to testify against you and submit any information you give us on your application as evidence. Beware that law-abiding residents of your buildings are aware of the types of activity that signal the presence of drug dealers and they have been instructed to contact us immediately upon discovery of such activity.