HEATH ACRES LLC
RENTAL APPLICATION

Date of Application: _____

Property Address: _____ Date Desired: _____ Desired Lease Term: _____

APPLICANT PERSONAL INFORMATION (all persons occupying the home MUST provide personal information)

First_____ MI_____ Last_____
SS#: _____ DOB: _____ Driver's License # & State: _____
Home/Cell Phone: (____)_____ Work Phone: (____)_____
Vehicle Make: _____ Model:_____ Year: _____ Color: _____

Second Applicant's Name: _____
SS#: _____ DOB: _____ Driver's License # & State: _____
Home/Cell Phone: (____)_____ Work Phone: (____)_____
Vehicle Make: _____ Model:_____ Year: _____ Color: _____

Third Applicant's Name: _____
SS#: _____ DOB: _____ Driver's License # & State: _____
Home/Cell Phone: (____)_____ Work Phone: (____)_____
Vehicle Make: _____ Model:_____ Year: _____ Color: _____

Person(s) To Occupy the Home

Name: _____ Relationship: _____ DOB: _____ SSN: _____
Name: _____ Relationship: _____ DOB: _____ SSN: _____
Name: _____ Relationship: _____ DOB: _____ SSN: _____
Name: _____ Relationship: _____ DOB: _____ SSN: _____

PETS (all pets must have shot records and a photo on file)

Do you have a pet: _____**Yes** _____ **No** (Check One) If yes, how many?_____
Type(s) of pet(s):_____ Breed/Weight(s): _____

RESIDENTIAL HISTORY

Have you or anyone occupying the home ever been evicted from a rental residence? [ ] yes [ ] no
Have you or anyone occupying the home ever willfully or intentionally refused to pay rent when due? [ ] yes [ ] no

Present Address_____
City: _____ State: _____ Zip Code: _____
How long at present address: _____ Current Rent Payment:_____
Landlord/ Lessor: _____ Phone No: (____)_____

Previous Address_____
City: _____ State: _____ Zip Code: _____
How long at present address: _____ Current Rent Payment:_____
Landlord/ Lessor: _____ Phone No: (____)_____

SOURCES OF INCOME

Weekly Income $_____ Gov't assistance $_____ Child support/Alimony $_____ Other $_____

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DETAILS OF EMPLOYMENT (Please list additional employment on the back of this page)

Employer: _____
Position: _____ Date Hired: _____
Supervisor: _____ Business Phone: _____
Annual Income: _____

CREDIT/CRIMINAL HISTORY

Have you declared bankruptcy in the past seven years?	[ ] yes [ ] no
Do you currently have a security freeze placed on your credit information?	[ ] yes [ ] no
Are you required by law to apply to any registries?	[ ] yes [ ] no
Have you ever been **accused** of a crime other than a traffic violation?	[ ] yes [ ] no
Have you ever been **convicted** of a crime other than a traffic violation?	[ ] yes [ ] no

If you answered yes to any of the above, please explain:

_____
_____

Personal Reference (MUST not be a relative)

Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

The applicant hereby authorizes Heath Acres LLC/Heath Acres Agent to conduct a credit check that includes, but does not limit to, obtaining a credit report and interviewing the applicant's references and previous landlords. The applicant hereby consents to the credit check process and authorizes any individual listed in this application to speak with Heath Acres LLC/Heath Acres Agent regarding the applicants present or previous credit performance. Applicant further releases any and all individuals who provide information to Heath Acres LLC/Heath Acres Agent form any and all claims which the applicant may have resulting from the information provided to Heath Acres LLC/Heath Acres Agent. The applicant also authorizes the release of information based upon reliance of either photocopies or facsimiles of the authorization. I INDEMNIFY AND HOLD HARMLESS HEATH ACRES LLC, ITS AGENTS, AND ATTORNEY(S) FROM ANY SUCH CLAIMS BY ANYONE RESULTING FROM THE ABOVE WHETHER ARISING DIRECT, BY CLAIMS BY SUBROGATION, ASSIGMENT OR OTHERWISE, AND THAT THIS RIGHT OF INDEMNITY INCLUDES, BUT NOT BY WAY OF LIMITATION, HEATH ACRES ATTORNEY FEES AND ALL OTHER COSTS.

I affirm under penalties of perjury that the above information is true and complete and hereby authorize verification of the same. Any false information in the application shall result in the immediate denial of application and/or termination of any lease resulting for acceptance of this application. If accepted as a resident, this application is to become a part of the lease file. All information is kept in confidence.

_____ _____
Applicant's Signature Date

_____ _____
Co-Applicant's Signature Date

_____ _____
Co-Applicant's Signature Date

Office Use Only: Application Taken By _____ Date Rec'd _____
Approved or Rejected (Circle One) By _____ Date _____