



United Professional Management, Inc.

APPLICATION FOR RESIDENCY

Please fill out a separate application form for each person named on the lease



Property Address: _____ Apt.# _____
 Rental Rate: \$ _____ Rent Begins: _____ Security Deposit Amount: \$ _____

Referred By: Summit Daily Resident Craigslist Walk-in Other _____

Name _____ **Telephone No.** _____
First Middle Last
 Social Security Number _____ E-mail _____
 Date of Birth _____ Driver's License Number _____
State Number

RENTAL HISTORY - - List Last Two, Beginning with Most Recent

Current Address _____ Zip Code _____ Dates of Residence _____ / _____ / _____
From To

Mailing or Permanent Address (if different from above) _____ Zip Code _____

To Whom Paid Rent _____ Telephone No. _____
 Reason for Leaving _____

Previous Address _____ Zip Code _____ Dates of Residence _____ / _____ / _____
From To

To Whom Paid Rent _____ Telephone No. _____
 Reason for Leaving _____

EMPLOYMENT - List Last Two, Beginning with Most Recent

Present Employer _____ Date Hired _____
 Position _____ Person to Contact & Telephone _____
 Rate of Pay _____ Per _____ Hour _____ Month. Hours scheduled per week _____

Previous Employer (if less than 2 years) _____ Dates _____ / _____
Hired Terminated

Bank _____ Address _____
 Checking Acct No. _____ Savings Acct No. _____

Number of Vehicles ~ _____
 Make, Model, & Year/Color _____ License Number _____ State _____
 Make, Model, & Year/Color _____ License Number _____ State _____

Please answer the following questions:

1. Have you ever been evicted from a place of rental? _____
2. Do you owe any unpaid rent? _____ If yes, how much? _____
3. Have you ever filed for bankruptcy? _____ If so, when? _____
4. Have you ever violated a lease, rental agreement, or regulations at a former place of rent? _____
5. Have you ever been charged with misuse or abuse to any rental property? _____
6. Do you own a pet? _____ If yes, what type? _____ Spayed or Neutered? _____
7. Have you ever been convicted of a crime other than a traffic violation? _____
 If yes, please explain _____
8. Do you (or anyone in your household) smoke? _____

List All Others Who Will Be Living In The Residence:

Name	Social Security Number	Relationship
Name	Social Security Number	Relationship
Name	Social Security Number	Relationship

Nearest Relative _____
 Address _____ Telephone No. _____

RELEASE

The undersigned represents that the above statements are true and authorizes verification of information given. Falsification of this application can invalidate the application. This is to inform you that a part of our procedure in processing your application may be an investigative consumer report to include a credit history and criminal record. Our application fee is \$35 per applicant and is non-refundable. You also agree and understand that owner and its agents and employees may obtain additional consumer reports and criminal record reports on each applicant in the future to update or review our account. The undersigned further agrees that if the application is accepted and the applicant subsequently chooses to not move in, the holding deposit shall be retained as liquidated damages for holding the apartment off the market. If the applicant is accepted as a resident and enters into a lease agreement, then this document shall become part of the lease. Furthermore, the undersigned hereby acknowledge that United Professional Management, Inc. is acting as an agent for the landlord or owner of the property.

Applicant _____ Date _____ Owner/Manager _____ Date _____
 Revised 4/2017

TO BE COMPLETED BY RESIDENT MANAGER

Noisy? _____ Animals? _____ Damage? _____ Deductions to S/D? _____ Late on Rent? _____
 Why Left? _____ Proper Notice? _____ Violate any Lease Provision? _____ Rent Again? _____