

APPLICATION FOR RESIDENCY

TODAY'S DATE: _____ MONTHLY RENT \$: _____ MEMBERSHIP FEE \$: 200

PROPOSED MOVE-IN DATE: _____ REFERRAL SOURCE: _____

| | Last Name | First Name | Middle |
|--------------|-----------|------------|--------|
| Applicant | | | |
| Co-Applicant | | | |

| | Social Security # | Birth Date | Drivers License | State |
|--------------|-------------------|------------|-----------------|-------|
| Applicant | | | | |
| Co-Applicant | | | | |

| | Addresses | City, State & Zip | From / To | Management |
|----------|-----------|-------------------|-----------|------------|
| Current | | | / () - | |
| Previous | | | / () - | |
| Previous | | | / () - | |

| | Employer / City, State | From / To | Contact /Phone # | Income |
|----------------|------------------------|-----------|------------------|--------|
| App Current | | / | () - | |
| App Previous | | / | () - | |
| Co-App Current | | / | () - | |
| Co-App Prev | | / | () - | |

| Bank Reference | Applicant's Phone # | Additional Information |
|-----------------------------------|---------------------------------|------------------------------------------|
| Institution: <input type="text"/> | Residence: <input type="text"/> | Names of Occupants: <input type="text"/> |
| Account #: <input type="text"/> | Work: <input type="text"/> | Pets: <input type="text"/> |

| | Name | Address | Phone Number |
|------------------------------|------|---------|--------------|
| Party to Notify In Emergency | | | |
| Nearest Friend | | | |
| Parent of App. | | | |
| Parent of Spouse | | | |

Have You Ever

Refused to Pay Rent When Due: Yes / No Filed for Bankruptcy: Yes / No Discharge Date: _____ Been Evicted: Yes / No

Been Convicted of a Felony: Yes / No If Yes, Explain: _____

Signed Release

I/We authorize Stonegate Cooperative and/or the above named company to do a complete investigation of all information provided within my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit.

This authorization continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year.

APPLICANT SIGNATURE

DATE

Co-Applicant SIGNATURE

DATE



Background Investigation Release

Instructions:

Please fill out, print, sign and date this form

| | | |
|-------------------|----------------------------|-------------|
| _____ | _____ | _____ |
| Last Name | First Name | Middle Name |
| _____ | ____/____/____ | |
| Social Security # | Date of Birth (mm/dd/yyyy) | |
| _____ | _____ | _____ |
| Address | City | State |
| | | Zip Code |

PLEASE READ THE FOLLOWING STATEMENT AND INDICATE YOUR AGREEMENT BY SIGNING BELOW:

I hereby consent to have an investigation made relating to statements made on your application and questionnaire, and consent to have such information as may be received reported to Tenant Screening Report. I also agree to give any further information which may be required in reference to my past record. I also authorize and request every person, firm, credit bureau, company, corporation, governmental agency, court, financial institutions, employer, police department, motor vehicle department, licensing agency, schools, colleges, universities, and any other association or institution having control of any documents, records and other information pertaining to me, to furnish to Tenant Screening Report, or its designated agents any such information, background reviews, driving records, employment records, including documents, records, files containing charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Tenant Screening Report, or its agents to inspect and make copies of such documents, records and other information. I further authorize Tenant Screening Report to furnish interested landlords, management companies, and/or employer(s) and their authorized agents a report relating to statements I made in this application.

Except as otherwise prohibited by law, I hereby release, waive, discharge, exonerate and agree not to sue Tenant Screening Report, its agents, representatives, employees, independent contractors, officers, directors, and shareholders from and for any all claims, damages, losses, liabilities, rights expenses, demands, causes of actions of any nature whatsoever arising out of or related to whether such information, documents or records are provided directly to Tenant Screening Report, its agents by me or obtained independently by Tenant Screening Report, or its agents on my behalf.

I also acknowledge that the information contained in this application and all information subsequently obtained through the use of this Authorization and Release is the property of Tenant Screening Report. I hereby represent that the information given on this application is true and complete to the best of my knowledge.

I understand I have the right to inspect visually the files concerning me maintained by an investigative consumer investigative reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification. I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

For California Applicants Only:

I have the right to request a copy of my consumer investigative report from Tenant Screening Report by checking the box below. The consumer investigative report will be mailed directly to me by Tenant Screening Report.

I wish to receive a copy of the consumer investigative report. (Check only if you wish to receive a copy.)

Signature

Date