

Community _____ CURL RENTALS _____ Apt. # _____ Rate _____
 Today's Date _____ Date Required _____ Amount Paid _____

PERSONAL
 Applicant's Name _____ Date of Birth _____
 Social Security No. _____ Married Single
 Co-Applicant's Name _____ Date of Birth _____
 Social Security No. _____ Current Home Phone (_____) _____
 Names, ages and relationship of anyone else who will occupy the apartment: _____

RESIDENCE
 Current Address _____ No. _____ Street _____ City _____ State _____ Zip Code _____
 () Rent () Own () Live with family or friend () Other _____ Dates: From _____ To _____
 Apartment or Landlord's Name: _____ Amount: _____
 Apartment or Landlord's Phone: _____ Name _____ City _____ State _____ Reason for Moving _____
 Former Address _____ No. _____ Street _____ City _____ State _____ Zip Code _____
 () Rent () Own () Live with family or friend () Other _____ Dates: From _____ To _____
 Apartment or Landlord's Name: _____ Amount: _____
 Apartment or Landlord's Phone: _____ Reason for Moving _____

EMPLOYMENT
 Applicant's Employer _____ Supervisor _____
 Employer's Address/Location _____ Phone# (_____) _____
 Position Held _____ Date of Hire _____ Salary \$ _____ Per _____
 Previous Employer _____ Supervisor _____
 Employer's Address/Location _____ Phone# (_____) _____
 Position Held _____ Date of Hire _____ Salary \$ _____ Per _____
 Co-Applicant's Employer _____ Supervisor _____
 Employer's Address/Location _____ Phone# (_____) _____
 Position Held _____ Date of Hire _____ Salary \$ _____ Per _____

GENERAL INFORMATION
STOP!!! DID YOU COMPLETE THE RESIDENCE HISTORY? YES NO EMPLOYMENT HISTORY YES NO
IF YOU ANSWERED NO, WE CANNOT PROCESS YOUR APPLICATION
 Bank Name/Location _____ Phone# (_____) _____
 Savings Acct. _____ Regular Checking _____
 Pets(s) _____ Type(s) _____ Weight(s) _____ Age(s) _____
 Vehicles: We do not allow vehicles without permission. Vehicles not approved in writing may be towed away at the owner's expense.
 1. Make _____ Year _____ Color _____ License# _____ State _____
 2. Make _____ Year _____ Color _____ License# _____ State _____
 Has applicant, spouse or any other proposed resident ever:
 Filed for bankruptcy No Yes
 Been evicted from tenancy No Yes
 Been convicted of a felony No Yes
 Comments: _____
 In case of emergency contact: _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address _____ City _____ State _____ Zip _____

I hereby authorize Complete Screening, Inc, its employees and agents, to take any and all actions necessary to verify the contents of this application. I understand that such actions may include but are not limited to, a credit report, verification of employment, past rental history, police and criminal records. I will hold Complete Screening, Inc., its employees and agents harmless from liability for the accurate reporting of such information to the management and/or owners. I certify that all information provided by me is true, correct, and complete and I understand that any misrepresentation or omission is cause for the management and/or owners to reject or decline this application and/or terminate any lease based on this application. IMPORTANT NOTICE: It is understood and agreed that the security deposit will be FORFEITED if I/we cancel this application after 48 hours of signing.

Applicant's Signature: _____ Date: _____
 Co-Applicant's Signature: _____ Date: _____
 Leasing Agent: _____ Date: _____

Complete Screening Inc
Background Consent Form

In connection with my application for a rental/lease (the "Landlord") may request background records on me from Complete Screening Inc (CSI). I understand that these reports may include social security trace, credit bureau reports, criminal background searches, department of motor vehicle records, sex offender registries and other governmental public record sources. By signing below I give my consent and authorization to this landlord and any agency contacted in connection with this application to obtain the investigative reports as listed above. I release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to the Landlord and/or Complete Screening Inc information that they may request pursuant to this release. A photo or faxed copy of this release will act as the original and shall be valid for this and any future reports or updates that may be requested by the Landlord in connection with my application.

Signature _____ Date _____

Print Name _____

Please print legibly. Information that we are unable to read could result in a delay in the application verification process.

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State of Issue _____

Present Address _____

City State Zip _____

Previous Address _____

City State Zip _____

Have you ever been arrested or convicted of a felony/misdemeanor? Yes No

If so, where did the arrest/conviction take place? _____

Please provide details regarding the arrest and/or conviction: _____

