

ALL PORTIONS OF THIS RENTAL APPLICATION MUST BE COMPLETED BOTH FRONT AND BACK, IF IT DOES NOT APPLY TO YOU PLEASE INDICATE THAT WITH "N/A". PLEASE PRINT CLEARLY. FAILURE TO COMPLETE OR PRINT CLEARLY WILL RESULT IN REJECTION OF THIS APPLICATION. ALL RESIDENTS 18 YEARS AN OLDER MUST FILL OUT AN APPLICATION AND BE LISTED ON THE LEASE AGREEMENT.

PEDIGREE MGMT & COURSES, LLC RENTAL APPLICATION

RESIDENCE WANTED: _____ DATE WANTED: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____ MARITAL STATUS: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ HOME PHONE: _____

Email address: _____

PRESENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ Move in _____ Move out _____

OWNER/MGR NAME: _____ OWNER/MGR PHONE NO.: _____

REASON FOR MOVING: _____

Amount you currently pay for rent: \$ _____ .

PREVIOUS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ Move in _____ Move out _____

OWNER/MGR NAME: _____ OWNER/MGR PHONE NO.: _____

REASON FOR MOVING: _____

DID YOU RECEIVE YOUR SECURITY DEPOSIT BACK? _____

OTHER RESIDENTS WHO WILL BE RESIDING WITH YOU :

NAME (COMPLETE)	RELATIONSHIP	SOCIAL SEC. #	DATE OF BIRTH
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WILL YOU HAVE PETS? YES or NO WHAT KIND: _____ HOW OLD: _____ WEIGHT: _____

PRESENT EMPLOYER NAME: _____ **PHONE NO:** _____

EMPLOYER ADDRESS: _____

HOW LONG WITH THIS EMPLOYER? _____ **SUPERVISOR NAME:** _____

YOUR POSITION: _____

PREVIOUS EMPLOYER: _____ **YOUR POSITION:** _____

PREVIOUS EMPLOYER ADDRESS: _____

HOW LONG WITH THIS EMPLOYER: _____ **PHONE NO:** _____ **SUPERVISOR:** _____

CURRENT GROSS HOUSEHOLD INCOME PER MONTH: \$ _____

Please list ALL of your financial obligations:

NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MO. PYMT. AMT.
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NAME OF YOUR BANK: _____ **BRANCH OR ADDRESS:** _____

DO YOU HAVE A CHECKING ACCOUNT? ____ DO YOU HAVE A SAVINGS ACCOUNT: _____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE: _____
RELATIONSHIP: _____ ADDRESS: _____

PERSONAL REFERENCES:	ADDRESS	PHONE#	# YRS KNOWN	OCCUPATION
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

AUTOMOBILE:MAKE: _____ MODEL: _____ YEAR: _____ LICENSE #: _____
AUTOMOBILE:MAKE: _____ MODEL: _____ YEAR: _____ LICENSE #: _____

Do you own a vacuum cleaner? YES or NO

Do you or anyone in your household smoke? YES or NO IF So Whom? _____

Are you currently in bankruptcy proceedings? YES or NO If So What date do you expect to close? _____

Do you anticipate filing bankruptcy in the next 12 months? YES or NO

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN EVICTED OR ASKED TO MOVE? YES OR NO

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY, CRIMINAL ACTIVITY, DRUG USE, DISTRIBUTION, TRAFFICING OR GANG RELATED ACTIVITIES? YES OR NO IF YES PLEASE DESCRIBE: _____

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report through CT Credit, landlord reference checks and agrees to furnish additional credit references upon request and possible criminal background check. **Applicant understands that management represents the owner in all business transactions and is paid by owner of property. PEDIGREE MANAGEMENT & COURSES, LLC REPRESENTS THE PROPERTY OWNER IN ALL TRANSACTIONS.**

Applicant understands that if they choose not to move into unit deposit is forfeited to owner and Applicant will be responsible for lost rent and re-rental. Application fee will not be refunded.

APPLICATION FEE \$ _____ SECURITY DEPOSIT \$ _____

Applicant date

Applicant date