

RENTAL APPLICATION

Landlord: Carrington Place Apartments
 Phone: 801-298-2835 Text: 801-702-6306
 Property Address: 830 North 500 West, Bountiful, UT 84010

Move In Date : _____
 Lease Term: _____
 Unit # _____ Rent Amt: \$ _____
 Application Fee: \$40.00 each
 Paystub, Offer Letter, Income Documentation
 Email: carringtonplc@gmail.com

Phase 1 Criteria: 600+ Credit Score and 3X Rent Monthly Income. **Phase 2 Criteria:** 700+ Credit Score and 3X Rent Monthly Income.

INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK!

APPLICATIONS WHICH ARE NOT COMPLETED FULLY OR SIGNED WILL BE REJECTED. IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY NUMBER BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT

SR JR II III

| | | | | |
|--------------------|--|--|-----------------------------|--|
| Full Legal Name | | | | |
| Social Security # | | | Date of Birth | |
| Driver's License # | | | State Issued and Expiration | |
| Automobile | | | | |
| year, make, model | | | License Plate # | |
| E-mail Address | | | Cell Phone # | |

Have you ever been convicted or charged with a felony or misdemeanor? Yes No

If yes please give details:

RESIDENTIAL HISTORY

| | | | | |
|-------------------|--|-----------------|--|--|
| Current Address | | | Your Phone # | |
| City | | State | Zip Code | |
| Landlord / Mtg Co | | | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with family | |
| Landlord Phone # | | | Current Rent Amount | |
| Date Moved In | | Reason for Move | | |
| Lease Expires | | | Have you Given Notice? | |
| Previous Address | | | Rent Amount | |
| City | | State | Zip Code | |
| Landlord / Mtg Co | | | | Landlord Phone # |
| Date Moved In | | Date Moved Out | | |
| Reason for Move | | | | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with family |

Have you ever been evicted or refused to pay rent when due?: Yes No

If Yes, When, Where:

OCCUPANTS UNDER THE AGE OF 18

| | | | | | |
|------|--|--------------|--|---------------|--|
| Name | | Relationship | | Date of Birth | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

MARKETING/REFERRAL SOURCE

| | | |
|---------|-------|-------|
| Primary | Other | Other |
|---------|-------|-------|

APPLICANT EMPLOYMENT HISTORY

| | | | |
|--------------------|--|---------------------|----------------|
| Current Employer | <input type="checkbox"/> Self Employed | | Phone # |
| Address | | | |
| Nature of Business | | | |
| Position | | | Start Date |
| Pay Rate | \$ | Per HOUR WEEK MONTH | Hours Weekly |
| Supervisor | | | Direct Phone # |

↓ PLEASE CHECK ONE: Second Employer Previous Employer (If Current Less Than Two Years) ↓

| | | | |
|--------------------|--|---------------------|----------------|
| Second Employer | <input type="checkbox"/> Self Employed | | Phone # |
| Address | | | |
| Nature of Business | | | |
| Position | Start Date | End Date | |
| Pay Rate | \$ | Per HOUR WEEK MONTH | Hours Weekly |
| Supervisor | | | Direct Phone # |

FINANCIAL INFORMATION

| | | |
|-----------|--------------------|-----------|
| Bank Name | Branch and Phone # | Account # |
| | | |

ADDITIONAL INCOME (List any alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)

| | |
|---|--|
| Have you ever filed bankruptcy? If yes when, where, and who? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

OTHER INFORMATION

Any pets: Yes No Describe Type/Age/Weight:

Do you have or plan to maintain renters insurance? Yes No

How many smokers/vapors within household? _____ Please list each:

In case of emergency contact: Relationship Phone: Address:

1

2

Personal References: Relationship: Phone: Address:

1

2

Subject to owner's approval, the undersigned hereby makes application to the apartment described above for the term and at the rental herein set forth. As an inducement to the owner to approve this application the undersigned warrants that all of the representations set forth in this application and agreement are true. I agree that the landlord may terminate any agreement entered into relyantly or any misstatements made above.

AUTHORIZATION

I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord to verify any and all information above, including but not limited to access my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I further agree that a photocopy of this authorization my be accepted with the same authority as the original. Any paid deposit will be refundable within 72 hours of this application should applicant cancel. All persons will be treated fairly and equally without regard to race, color, religion, sex, family status, disability, national origin, or source or income. Applicant also affirms that all occupants of the leased premises are and will be legally residing in the United States.