

Personal Information

NAME _____ SOCIAL SECURITY No. _____ BIRTHDATE _____
Additional Applicant _____ SOCIAL SECURITY No. _____ BIRTHDATE _____
Additional Applicant _____ SOCIAL SECURITY No. _____ BIRTHDATE _____
OCCUPANT _____ SOCIAL SECURITY No. _____ BIRTHDATE _____
OCCUPANT _____ SOCIAL SECURITY No. _____ BIRTHDATE _____
OCCUPANT _____ SOCIAL SECURITY No. _____ BIRTHDATE _____

TOTAL No. OF OCCUPANTS _____ NAMES AND AGES OF CHILDREN _____
PRESENT ADDRESS _____ PHONE No. _____

ST. No. STREET APT No. CITY STATE ZIP
PRESENT LANDLORD OF MORTGAGE HOLDER _____ PHONE No. _____

LENGTH OF RESIDENCE YRS. _____ MOS. _____ MONTHLY RENT MORTGAGE ACCT No. _____
MORTGAGE PAYMENT \$ _____

PREVIOUS ADDRESS _____ LENGTH OF RESIDENCE _____
ST. No. STREET APT No. CITY STATE ZIP

PREVIOUS LANDLORD OR MORTGAGE CO. _____ PHONE No. _____
LENGTH OF RESIDENCE YRS. _____ MOS. _____ MONTHLY RENT MORTGAGE ACCT No. _____
OR MORTGAGE PAYMENT \$ _____

Employment

PRESENT EMPLOYER _____ CITY STATE _____ PHONE No. _____

POSITION _____ LENGHT OF EMPLOY _____ YRS. _____ MOS. INCOME _____ PER _____ SUPERVISOR _____

PREVIOUS EMPLOYER _____ CITY STATE _____ PHONE No. _____

POSITION _____ LENGHT OF EMPLOY _____ YRS. _____ MOS. INCOME _____ PER _____ SUPERVISOR _____

Additional Applicant Employer _____ CITY STATE _____ PHONE No. _____

POSITION _____ LENGHT OF EMPLOY _____ YRS. _____ MOS. INCOME _____ PER _____ SUPERVISOR _____

Automobiles

FIRST CAR _____ SECOND CAR _____
YEAR MAKE MODEL TAG NO. STATE YEAR MAKE MODEL TAG NO. STATE

DRIVER LICENSE NO. _____ STATE _____ ADDRESS SHOWN _____

IN CASE OF EMERGENCY, NOTIFY _____ ADDRESS _____ PHONE _____

NEAREST RELATIVE NOT LIVING WITH YOU _____ ADDRESS _____ PHONE _____

HAS APPLICANT(S) OR ANY OF THE OCCUPANTS EVER BEEN EVICTED FROM A RENTAL RESIDENCE FOR NON-PAYMENT OF RENT? YES NO

IF YES, LANDLORD NAME: _____

HAS APPLICANT(S) OR ANY OF THE OCCUPANTS EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN: _____

Applicant has deposited the sum of \$ _____ in the form of a holding deposit with the understanding that this application is subject to approval and acceptance by Landlord. In order to complete the application process, all supporting documents used in qualifying your application must be given to management within seventy two (72) hours. If applicant fails to provide documents by this time all monies will be forfeited. Upon approval and acceptance, the applicant agrees to execute the Landlord's standard lease agreement before possession of residence is given and to pay any balance due on the first month's rent and security deposit. If the application is not approved, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance. This application is for information only and does not obligate Landlord to execute a lease or deliver possession on the proposed residence. If cancellation occurs, all monies, including Security Deposit, shall be forfeited and this application shall become null and void. In the event, additional deposit is required based on credit, applicant has 48 hours to cancel in order for the deposit to be refunded. Application fee is not refundable under any circumstances.

Applicant understands that he is being charged a **NON-REFUNDABLE** Application Processing Fee of \$ 100.00 per applicant. In addition, applicant agrees to a \$35.00 **NON-REFUNDABLE** Pre-Screening Fee for each person 18 years or older that will be occupying the apartment.

I, the undersigned Applicant, understand, have read and agree to all provisions of this application.

APPLICANT SIGNATURE _____ / DATE _____

OCCUPANT SIGNATURE _____ / DATE _____

APPLICANT'S SIGNATURE _____ / DATE _____

OCCUPANT SIGNATURE _____ / DATE _____

Bldg. No. _____ Apt. No. _____ Move in date: _____ Name of leasing consultant: _____

Date Faxed to Legal Dept. _____

UNITED PROPERTY MANAGEMENT IS AN EQUAL HOUSING OPPORTUNITY PROVIDER. WE DO NOT DISCRIMINATE IN THE RENTAL OF APARTMENT UNITS ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, HANDICAP, DISABILITY, FAMILIAL STATUS (HAVING CHILDREN UNDER AGE 18), MARITAL STATUS, SEXUAL ORIENTATION, OR POLITICAL AFFILIATION.

Applicant and Occupant represents that all of the above information is true and complete and authorizes the verification of it by reasonable means. Applicant and Occupant agrees to a Credit and Criminal background checks. Applicant understands that false information or information obtained through Credit and/or Criminal Background checks may be grounds for rejection or termination of lease agreement now or at anytime during residency.

**** I understand that by virtue of my signing this document I am consenting to receive communications sent via facsimile, e-mail, or in any other form from United Property Management, Inc. and all affiliates.**

APPROVED _____	REJ. _____	# _____	DATE _____	PROCESSED BY _____
APPROVED _____	REJ. _____	# _____	DATE _____	PROCESSED BY _____
APPROVED _____	REJ. _____	# _____	DATE _____	PROCESSED BY _____
APPROVED _____	REJ. _____	# _____	DATE _____	PROCESSED BY _____

I UNDERSTAND THAT THE RENT IS PAYABLE MONTHLY IN ADVANCE ON THE 1ST DAY OF EACH MONTH. RENT RECEIVED AFTER THE 3RD DAY OF THE MONTH WILL BE SUBJECT TO A 10% ADDITIONAL RENT CHARGE.

RENT CHECK MUST BE DRAWN ON U.S. BANKS ONLY. FOREIGN CHECKS WILL NOT BE ACCEPTED.

PRESENT ADDRESS: _____
SKIP _____
EVICTED _____
BROKE LEASE _____
FULFILLED LEASE _____
NOTICE GIVEN _____
YEARS _____
SATISFACTORY TENANT _____
WOULD RE-RENT _____
VERIFIED BY _____
EMPLOYMENT: _____
YEARS _____
POSITION _____
SALARY _____
ARE YOU CURRENTLY ENROLLED IN THE MILITARY? _____
VERIFIED BY _____
POSITION _____

PREVIOUS ADDRESS: _____
SKIP _____
EVICTED _____
BROKE LEASE _____
FULFILLED LEASE _____
NOTICE GIVEN _____
YEARS _____
SATISFACTORY TENANT _____
WOULD RE-RENT _____
VERIFIED BY _____
PREVIOUS EMPLOYMENT: _____
YEARS _____
POSITION _____
SALARY _____
 YES NO
VERIFIED BY _____
POSITION _____

APPLICANT SIGNATURE / DATE

APPLICANT'S SIGNATURE / DATE

APPLICANT'S SIGNATURE / DATE

LEASING CONSULTANT

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ADVERSE ACTION LETTER

Dear _____

Thank you for your recent application to _____

The status of your application is based on one or more of the following reasons:

- Information contained in a consumer report obtained from one or more of the following consumer reporting agencies listed below:
- Information obtained from a source other than a consumer-reporting agency. **(You have the right to disclosure of the nature of this information, if you make a written request to us within 60 days of receiving this letter. The Fair Credit Reporting Act requires that we respond to your request within a reasonable period of time, or within 30 days of receipt of your request with respect to information received from an affiliate.)**
- Other [Explanation] _____

In evaluating your application, the following marked consumer-reporting agency(s) provided us with information that in whole or part influenced our decision. These consumer-reporting agencies did not make the decision regarding the status of your application and cannot explain the reason for the adverse action.

Credit Bureaus

Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 Tel: (888) 397-3742

Trans Union, Consumer Disclosure Center, P.O. Box 1000, Chester, PA 19022 Tel: (800) 888-4213

Equifax (CBI), P.O. Box 740241, Atlanta, GA 30374 Tel: (800) 685-1111

Civil Records/Criminal Records/Registry Scorex

First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200
Rockville, MD 20852 (888) 333-2413

CrimCheck America, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200
Rockville, MD 20852 (888) 333-2413

ACE/First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200
Rockville, MD 20852 (888) 333-2413

YOU HAVE CERTAIN RIGHTS UNDER FEDERAL AND STATE LAW WITH RESPECT TO YOUR CONSUMER REPORT. IF YOU REQUEST A COPY OF THE ABOVE INFORMATION IN YOUR CONSUMER FILE FROM ANY OF THE CONSUMER REPORTING AGENCIES MARKED ABOVE, WITHIN 60 DAYS OF RECEIVING THIS DENIAL, YOU ARE ENTITLED TO A FREE COPY OF YOUR REPORT. YOU HAVE THE RIGHT TO DIRECTLY DISPUTE WITH THE CONSUMER REPORTING AGENCY THE ACCURACY AND COMPLETENESS OF ANY INFORMATION FURNISHED BY THAT AGENCY.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

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