

Heatherwood Apartments (Move.Com Applicant)

BACKGROUND SCREENING QUESTIONNAIRE

Please fill in every line and print clearly

Full name:				Expected Move-In Date:	
Home Phone:		Cell Phone:		Work Phone:	
Current Street Address Apt. # City State Zip					Move-In Date
Current Landlord Name		Landlord Phone	Landlord Fax	Monthly Rent	Reason for Moving
Household Information: List all persons who wish to reside in your unit, beginning with yourself.					
Last Name First Name Middle Initial		Social Security #	Date of Birth	Driver's License #	F/T Student?
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N
Sources of Income: This includes, but is not limited to, full and part-time employment, self-employment, Social Security or SSI, child support or alimony, public assistance such as TANF, GAU, FIP, ADATSA, unemployment benefits, Labor & Industries, disability benefits, military pay & benefits, pension, annuity, retirement fund, insurance policy payments, death benefits, Veteran's benefits, regular money received from family, church, friends.					
Employer/Company Name		Monthly Earnings	Start Date	Phone Number	
Street Address City State				Fax Number	
Source of Other Income	Address of Agency/Person Providing Income City State Zip				Monthly Income
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Emergency Contact Persons: Please provide the names of your nearest living relatives or friends for emergency contact purposes.					
Emergency Contact Name/Relation		Address City State			Phone Number
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Please answer each of the following questions with a yes or no answer:

- Do you expect a change in your household composition within the next twelve months? _____ (If yes, please explain: _____)
- Do you need or request an apartment unit specifically designated as handicap accessible or have any special housing needs? _____ (If yes, please identify your needs: _____)
- Have you ever been evicted or asked to vacate a rental unit? _____
- Do you currently owe any landlord or management company money? _____
- Have you or any person who will be occupying the rental unit ever been convicted, pled guilty or no-contest to a felony or misdemeanor? _____ (If yes, what type of offense and county/state of conviction: _____)
- Have you or anyone in your household ever been required to register as a sex offender? _____ (If yes, who? _____)
- Do you currently use, possess, manufacture, sell or distribute illegal controlled substances? _____
- Do you intend to have any pets at this residence? _____ (Number: _____ Type: _____)
- Do you intend to use a water bed or any other water filled furniture (including aquariums)? _____

Authorization to Verify Information The undersigned authorizes HNN Associates, LLC or any screening service acting on their behalf to contact my present and previous landlords, my credit references, employers and any credit reporting agency. It is understood and agreed that the sum paid at the time of application will be used as follows: A screening charge will be retained by the landlord as payment for the cost of background screening. Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, landlord may obtain an investigative consumer report which may include information regarding your character, general reputation, personal characteristics and mode of living. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the criteria for residency or from the manager. You may request a copy of this application, which shall be the receipt for the screening charge. **If this application is approved, you will have 72 hours from the time of notification to return to execute a rental agreement and to pay initial move-in charges.** Failure to do so within 72 hours will be deemed as a refusal of the unit and the next application for the unit will be processed. Landlord shall have no liability to you until such time as a rental agreement is signed by both parties. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this will be grounds for termination of tenancy. I acknowledge receipt of a copy of the criteria for residency. The information contained in this application is true and complete.

Applicant Signature _____ Date _____ Community Representative _____ Date _____

FOR OFFICE USE ONLY

Unit #	Unit Size	Rent Amount	Set-Aside %	Photo ID Checked?
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Screening Charge: Amount \$ _____ Check or M/O #: _____ Holding Deposit: Amount \$ _____ Check or M/O #: _____

Other:

Wash/Dry \$35 Yes/No Cable \$40 Yes/No Pet Fee \$400 Non-Ref per pet Yes/No Increased Deposit \$700 Yes/No Co-Signer Yes/No

