

# RENTAL APPLICATION

## CONWAY TOWNHOUSE APTS.,LLC

975 W. Harrisville Rd. Apt #4

Ogden, Utah 84404

801-392-9097 email application to: [Conwayapartments@yahoo.com](mailto:Conwayapartments@yahoo.com)

[www.conwayapartmentsutah.com](http://www.conwayapartmentsutah.com)

Move In Date: \_\_\_\_\_

Lease Term: \_\_\_\_\_

Unit#: \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_

New Applicant       Add on Lease

Co - Signer for \_\_\_\_\_

<input type="checkbox"/> Credit Check	<input type="checkbox"/> Criminal Check	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Rental History Verification	<input type="checkbox"/> Eviction Check
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**INSTRUCTIONS: FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK!** EACH ADULT OCCUPANT MUST COMPLETE SEPARATE FORMS. 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 NO BY DRIVERS LICENSE, STATE ID, OR SS CARD.

APPLICANT INFORMATION				
<b>Applicant's Name</b> (full legal name)				<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	Maiden Name:		Cell No. Pager No	
Social Security #	--	--	Date of Birth	
Driver's License #		State Issued Expiration Date		
Have you ever been convicted of a crime (minor traffic not included)? If yes, give details:				

RESIDENTIAL HISTORY				
Current Address			Your Phn #	
City		ST	ZIP	
Landlord / Mtg Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family			
Landlord Phone	Alternate Phone			
Date Moved In	Current Rent Amount			
Lease Expires	<b>Have you Given Notice?</b>			
Reason for Move				
Prev Address				
City		ST	ZIP	
Landlord / Mtg Co	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Family			
Landlord Phone	Alternate Phone			
Date Moved In	Date Moved Out	Rent Amount		
Reason for Move				
Have you ever been evicted or refused to pay rent when due?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				

EMPLOYMENT HISTORY					
Current Employer	<input type="checkbox"/> Self Employed			Phone	
Address					
Nature of Business					
Position				Start Date	
Pay Rate	\$	Per HOUR WEEK MONTH		Hours Wkly	
Supervisor				Direct Phn	
<b>↓ PLEASE CHECK ONE: <input type="checkbox"/> Second Employer    <input type="checkbox"/> Previous Employer (If Current Less Than Three Years) ↓</b>					
Second Employer	<input type="checkbox"/> Self Employed			Phone	
Address					
Nature of Business					
Position			Start Date	End Date	
Pay Rate	\$	Per HOUR WEEK MONTH		Hours Wkly	
Supervisor				Direct Phn	

ADDITIONAL OCCUPANT(S) (Separate applications required for all adults)		
Number of persons to occupy apartment:		
Name	Relationship	Date of Birth

FINANCIAL INFORMATION			
	Bank name	Branch / phone	Account No
Checking			
Savings			
<b>ADDITIONAL INCOME</b> (List alimony, child support, separate maintenance, or other monetary assistance. Please provide documentation or contact information for verification purposes)			
Have you ever filed bankruptcy?		When/where?	

OTHER INFORMATION						
	Make	Model	Year	Color	Lic plate #	State
Vehicle #1						
Vehicle #2						
Any pets: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Type/Age:						
Do you have or intend to maintain renters insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an aquarium? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you or other occupants smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you own furniture and furnishings to be moved into this apt? <input type="checkbox"/> Yes <input type="checkbox"/> No						

REFERENCES		
Name	Relationship	Phone Number
<b>In Case of Emergency:</b>	<b>Relationship:</b>	<b>Phone:</b>

Subject to the owner's approval, the undersigned hereby makes application to lease 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 reliantly or any misstatements made above.

AUTHORIZATION	
<p>I, the under-signed certify that the information given is accurate. I give my authorization to the above named Landlord and Global Background Checks LLC 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 hold Global Background Check LLC, their owners, employees, their client, and my current / past landlords and employers harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to the Landlord named above and that we cannot receive a copy of this report directly from the above Landlord. I understand that I am entitled to a free copy of this report from the furnisher if I am denied residency based upon information contained in this report.</p>	
Print Name: _____	
Signature: _____ Date _____	

Furnished by: Global Background Checks, LLC. 3677 N HWY. 126 Ste. 4A Farr West, Utah 84404

Phone: 801-823-3307 Fax: 801-823-3300

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ALL PERSONS WILL BE TREATED FAIRLY AND EQUALLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, DISABILITY, NATIONAL ORIGIN, OR SOURCE OF INCOME.

