CARIB APARTMENT HOMES RENTAL APPLICATION

Office: 1231 Brosig St, Unit #2 ~ P.O. Box 8242, Green Bay WI. 54308-8242

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www.carib-gb.com

Items required along with COMPLETED application for submittal

- Application fee of \$25.00 per adult (cash or money order, no personal checks)
- Color photo copy of each adult's identification
- Last two pay stubs or bank statements showing income

Leasing Consultant:

This is <u>NOT</u> a lease or a Rental Agreement. Each individual occupying the premise MUST complete this form. **THE APPLICATION MUST BE COMPLETED IN FULL. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL.**

The undersigned hereby makes application to rent an apartment located at ______. The monthly rent is \$______. A non-refundable rental application fee of \$25.00 must accompany this application. Applicant desired move in date

Applicant 1:	Day time phone #:	Evening phone #:
Applicant 2:	Day time phone #:	Evening phone #:
Applicant 3:	Day time phone #:	Evening phone #:

APPLICANTS 18 YEARS OF AGE OR OLDER:

Name First, Middle, Last	Social Security #	Birth Date Month/Day/Year	Driver's License Issuing State/Number		

APPLICANT #1: EMPLOYMENT HISTORY: (Copies of last two, most recent, pay stubs or bank statements are required)

Present Employer:		Job Title:			Phone #:	
Supervisor:	Income: \$		(Mthly)	Len	Phone #: gth of Employment:	(Mth/Yrs)
Previous Employer:	=	Job Title:			Phone #:	(
Previous Employer:	Income: \$_		(Mthly)	Len	gth of Employment:	(Mth/Yrs)
Other Legal Source of Income (Proof of income r	equired):				Amount :	(Mth/Yrs)
APPLICANT #1: RENTAL HISTORY:						
Present Address (Street/City/State/Zip Code):					Reason for Leaving:	
Present Address (Street/City/State/Zip Code): Landlord:	Phone #:		Rent Amo	ount: _	How Long :	(Mth/Yrs)
Previous Address (Street/City/State/Zip Code):					Reason for Leaving:	
Previous Address (Street/City/State/Zip Code):Landlord:	Phone #:		Rent Amo	ount:	How Long :	(Mth/Yrs)
APPLICANT #1: PERSONAL INFORMATIC	DN:					
Checking & Saving Accounts (Bank Name/City/So	ate):					
Vehicle (Year/Make/Model/Color):		License Plate#:		Plate#:	State:	
Emergency Contact (<i>Name and Relation - Not roc</i> Address (<i>Street, City, State, Zip Code</i>):	ommate):				Phone #:	
APPLICANT #2: EMPLOYMENT HISTORY Present Employer:	: (Copies of las	st two, most re Job Title:	cent, pay stul	bs or be	ank statements are <u>requi</u> Phone #:	i <u>red</u>)
Supervisor:	Income: \$	<u></u>	(Mthhy)	Len	$\frac{1}{\text{ of Employment}}$	(Mth/Yrs)
Previous Employer:	meonie: •	Job Title	(mmy)	Len	Phone #	(1111/11/5)
Present Employer:	Income: \$		(Mthly)	Len	gth of Employment:	(Mth/Yrs)
Other Legal Source of Income (Proof of income r						
APPLICANT #2: RENTAL HISTORY:						
Present Address (<i>Street/Citv/State/Zip Code</i>):					Reason for Leaving:	
Present Address (Street/City/State/Zip Code): Landlord:	Phone #:		Rent Amo	ount:	How Long :	(Mth/Yrs)
Previous Address (Street/City/State/Zip Code):					Reason for Leaving:	
Previous Address (Street/City/State/Zip Code):Landlord:	Phone #:		Rent Amo	ount:	How Long :	(Mth/Yrs)
APPLICANT #2: PERSONAL INFORMATIC	DN:					
Checking & Saving Accounts (Bank Name/City/Sa	ate):					
Vehicle (Year/Make/Model/Color):			L	icense	Plate#:	State:
Emergency Contact (<i>Name and Relation - Not roo</i> Address (<i>Street, City, State, Zip Code</i>):	ommate):				Phone #:	

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Present Employer:	Job Title:		Phone #:		
Present Employer:	Income: \$	(Mthly)	Length of Employment:	(Mth/Yrs)	
Previous Employer:	Job Title	e:	Phone #:		
Supervisor:	Income: \$	(Mthly)	Length of Employment:	(Mth/Yrs)	
Other Legal Source of Income (Proof of income required):			Amount :		
APPLICANT #3: RENTAL HISTORY:					
Present Address (Street/City/State/Zip Code): Landlord:			Reason for Leaving:		
Landlord:	Phone #:	Rent Ame	ount: How Long :	(Mth/Yrs	
Previous Address (Street/City/State/Zip Code):			Reason for Leaving:		
Landlord:	Phone #:	Rent Ame	ount: How Long :	(Mth/Yrs	
APPLICANT #3: PERSONAL INFORMATIC	<u>DN:</u>				
Checking & Saving Accounts (Bank Name/City/S	ate):				
Vehicle (Year/Make/Model/Color):		L	License Plate#:		
			Phone #:		

1. Have you broken your present lease? (Yes / No)

2. Have you given your landlord notice? (Yes / No)

3. Do you intend on housing a pet? (Yes / No). If yes, what kind and type of pet: _

4. Have you ever or are you currently filing for bankruptcy? (Yes / No)

5. Have you ever been evicted or terminated from your lease prior to the end of the normal lease term? (Yes / No)

6. Have you or any other person on this application ever been convicted of any felonies or misdemeanors? (Yes / No) If <u>5 and/or 6</u> is answered yes, identify when and why: _

LIST ALL OCCUPANTS UNDER THE AGE OF 18:

Name	DOB	Relation	
Name	DOB	Relation	
Name	DOB	Relation	

APPLICATION. We must receive a completed application for all adults (18 years of age or older) applying. If the completed application contains any omissions (not satisfactory explained), it will be returned to you.

PERSONAL IDENTIFICATION. We require photo identification. A photo ID must be presented with your completed application.

RENTAL HISTORY. It is your responsibility to provide us with the information necessary to contact your past landlords. We reserve the right to deny your application if, after making a good faith effort, we are unable to verify your rental history.

INCOME. Must be legal. We must be able to verify, independently, the amount and stability of your income. One year of employment is required. Gross income must be $2\frac{1}{2}$ times the rent.

I have read and consent to a routine inquiry of my references, background and credit agencies to provide applicable information concerning my character, creditworthiness, reliability and income amounts. I understand that my occupancy is contingent on meeting the application processor's resident selection criteria.

I certify that all statements made in this document are correct:

(Signature(s)\Date)

(Signature(s)\Date)

(Signature(s)\Date)