

## **APPLICATION FOR RENTAL**

Important: All adult applicants (18 years or older) must complete a separate application for rental. Download this application, fill in your info, save, and email it to ashevillerentals@gmail.com

APARTMENT	RENT	START DATE	AGENT/REFERRED BY			
APPLICANT INFORMATION						
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #		
BIRTH DATE	HOME PHONE	WORK PHONE	EMAIL	1		
CURRENT ADDRESS						
STREET ADDRESS		CITY	STATE	ZIP		
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE		
MONTHLY RENT	REASON FOR LEAVING			]( )		
PREVIOUS ADDRESS						
STREET ADDRESS		CITY	STATE	ZIP		
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE		
MONTHLY RENT	REASON FOR LEAVING			j( )		
OTHER OCCUPAN	ITS					
		UPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DA	TES OF <i>ALL</i> OCCUPANTS 18 Y	EARS OR YOUNGER				
PETS						
PETS?	DESCRIBE					
	NCOME INFORMATI					
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY		
SUPERVISOR NAME		SUPERVISOR PHONE	START DATE	END DATE		
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY		
SUPERVISOR NAME		SUPERVISOR PHONE	START DATE	END DATE		
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$		
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$		
<b>EMERGENCY CON</b>	ITACT					
1. NAME	ADDRESS		PHONE ( )	RELATIONSHIP		
2. NAME	ADDRESS		PHONE ( )	RELATIONSHIP		
PERSONAL REFERENCES						
1. NAME	ADDRESS		PHONE	RELATIONSHIP		
2. NAME	ADDRESS		PHONE	RELATIONSHIP		
<u> </u>	i and the second			•		

BACKGROUND INFORMATION					
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intention	nally refused to pay rent when due?		
			, , ,		
	Been evicted from a tenancy or left owing money?  ☐ Yes ☐ No	If yes, please provide Property Na	ame, City, State, and Landlord Name.		
	Been convicted of a crime? If yes, please provide T  ☐ Yes ☐ No	ype of Offense, County, and Stat	e.		
VEHICLE INFORM	IATION				
1. MAKE & MODEL		YEAR	LICENSE NO. & STATE		
2. MAKE & MODEL		YEAR	LICENSE NO. & STATE		
OTHER VEHICLES		I			
OTHER INFORMATION					
HOW DID YOU HEAR ABOUT THIS PROPERTY?					
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION					
I/we, the undersigned, authorize Fidelis Screening Solutions, LLC, Landlord and its agents to obtain an investigative consume credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Fidelis Screening Solutions, LLC, Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.  Important information about your rights under the Fair Credit reporting Act:  You have a right to request disclosure of the nature and scope of the investigation.  You must be told if information in your file has been used against you.  You have a right to know what is in your file, and this disclosure may be free.  You have the right to ask for a credit score (there may be a fee for this service).  You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct					
· ·	omplete, or unverifiable information. g processed by Fidelis Screening Solution	s, LLC, 4534 Clinton St. S	Ste. 2, West Seneca, NY 14224.		
A summary of your rights under the Fair Credit Reporting Act is available by visiting (Para information en espanol, visite o escribe): <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> or writing Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552					
Applicant agrees to pay a non-refundable application fee of: \$					
(Signed/Applicant)	Date				





