



**BELMOND COMMUNITY
APARTMENTS, INC.**

ADMISSION APPLICATION

DATE _____ TIME _____

Name _____ Age _____ Sex _____

Social Security # _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone# _____

Email Address _____ Credit Score _____

Monthly Income _____ Are you a smoker? Yes No

Co-Applicant Name _____ Age _____ Sex _____

Social Security # _____ Birthdate _____

Email: _____ Cell Phone # _____

Monthly Income _____ Are you a smoker? Yes No

TYPE OF APARTMENT: One Bedroom Two Bedroom

How did you hear about Belmond Community Apartments?

Friends Newspaper Website Other, please explain: _____

Belmond Community Apartments, Inc. does not discriminate on the basis of disability status, creed, sexual orientation, and gender identity in the admission or access to, or treatment or employment in, its programs and activities.

I/We certify that the above information is true and complete to the best of my/our knowledge. I/We authorize inquiries to be made to verify the statements above.

Signature: X _____

Date

Signature: X _____

Date

INCLUDE A COPY OF EACH APPLICANT'S SOCIAL SECURITY CARD OR BIRTH CERTIFICATE AND PICTURE ID (such as a driver's license)

REFERENCES:

Credit References: For example: bankers, attorneys, lenders, tax preparer, etc.

Name/Business: _____

Address: _____

Daytime Phone #: _____ Fax # _____

Name/Business: _____

Address: _____

Daytime Phone #: _____ Fax # _____

Previous Landlord References (past 5 years)

Name/Business: _____

Address: _____

Daytime Phone #: _____ Fax # _____

Name/Business: _____

Address: _____

Daytime Phone #: _____ Fax # _____

Character References: For example: employers (past or present), pastor, caseworkers, counselors,
NOTE: NO FAMILY or FRIENDS

Name: _____

Address: _____

Daytime Phone #: _____ Cell # _____

Name: _____

Address: _____

Daytime Phone #: _____ Cell # _____

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Belmond Community Apts., to verify credit references, landlords, past landlords, agencies, police department, offices, groups or organizations, utility companies to verify any information or materials which are deemed necessary to complete the application for housing managed by Belmond Community Apartments, Inc.

I further authorize Belmond Community Apts., to reproduce this authorization by photocopy and use the photocopy as authorization to receive all above information.

Signature: X _____

Date

Signature: X _____

Date

APPLICATION DECLARATIONS AND AUTHORIZATION
(To accompany the rental application)

Accurate Information: You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, return all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization: You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign, and date this "Declarations and Authorization")

_____	X _____	_____
<i>Print Applicant Name</i>	<i>Applicant Signature</i>	<i>Date</i>

_____	X _____	_____
<i>Print Applicant Name</i>	<i>Applicant Signature</i>	<i>Date</i>