

**ACS DATA SEARCH** Application for Occupancy

ACS Client Code: \_\_\_\_\_ Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY (REQUIRED)** Unit #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_ Desired Date of Occupancy: \_\_\_\_\_  
 # of Occupants: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Agent First Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Market Source: Apt Guide \_\_\_ / For Rent \_\_\_ / Newspaper \_\_\_ / Internet \_\_\_ / Drive By \_\_\_ / Locator \_\_\_ / Other \_\_\_\_\_  
 Type of App: Standard \_\_\_ / Student \_\_\_ / Co-Sign \_\_\_ / Section 8 \_\_\_ / Eld/Dis \_\_\_ / Occup. Only \_\_\_ / Market \_\_\_ / Other \_\_\_\_\_

**APPLICANT MUST COMPLETE ALL SECTIONS and SIGN (and SPOUSE) OR DELAY / DENIAL WILL RESULT**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Spouse: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_ Pets? (Y/N) \_\_\_\_\_ Pet Type: \_\_\_\_\_ Color: \_\_\_\_\_ # Lbs. \_\_\_\_\_  
 Your Home Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Your Work Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 In Case of Emergency, Notify (Name): \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 ROOMMATE NAME(S) 1) \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 2) \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 3) \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**RESIDENTIAL HISTORY INCLUDE ALL \*\* AREA CODES \*\* / \*\* APT #S \*\* / \*\* ZIP CODES \*\***

- Present Landlord/Property Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Your Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_  
 Landlord Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per Mo.
- Previous Landlord/Property Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Your Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_  
 Landlord Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per Mo.
- Previous Landlord/Property Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Your Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_  
 Landlord Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per Mo.

**EMPLOYMENT HISTORY / OTHER INCOME / FINANCIAL**

- Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Income: \$ \_\_\_\_\_ Per \_\_\_\_\_
- Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Income: \$ \_\_\_\_\_ Per \_\_\_\_\_
- Spouse or 2<sup>nd</sup> Employer: \_\_\_\_\_ Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Full Address: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Income: \$ \_\_\_\_\_ Per \_\_\_\_\_
- Other Income: (Submit verification with application) List any SSI, Pension, Disability, or other income you wish to be considered.  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per Mo. Type of Income: \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per Mo. Type of Income: \_\_\_\_\_

**GENERAL QUESTIONNAIRE - Answer all Questions**

- Have you ever been evicted? \_\_\_\_\_ If yes, Property/Landlord Name: \_\_\_\_\_ County/St: \_\_\_\_\_
- Have you ever been convicted of a criminal offense? \_\_\_\_\_ If yes, Offense: \_\_\_\_\_ County/St: \_\_\_\_\_
- Number of Cars: \_\_\_\_\_ A) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_  
 B) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_
- Driver's License #: \_\_\_\_\_ Expiration: \_\_\_\_\_
- Character Reference Name: \_\_\_\_\_ How Known: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**FALSE STATEMENTS \*\* OR \*\* INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION**

This application must be signed by all adults who will occupy the apartment before it can be considered by ACS or Landlord. Acceptance of this application, and any monies deposited herewith is not binding upon Landlord until approved by Landlord in writing. If approved, monies deposited with this application will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is secured. If approved and the rental unit is held for applicant for more than 1 day(s), then the applicant withdraws the application, all monies deposited shall be forfeited to Landlord.

*INITIALS \**

Non Refundable Processing Fee: \$ **50.00**

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information reports will remain the property of ACS Data Search.

I hereby grant this property and ACS Data Search the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. An electronic, faxed or other copy of this authorization shall be as valid as the original.

Signature of Applicant(s): \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_ Manager Initials: \_\_\_\_\_  
 Applicant Spouse