

# Legacy Court Apartments

## APPLICATION TO RENT

Separate application required for each adult occupant (All sections must be completed)



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) known by in past: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Marital Status: (circle one) single married divorced separated

Vehicle Information: Make/Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate# \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Facebook/Blog/Myspace: \_\_\_\_\_

List all other persons who will be occupants under the age of 18:

Full Name	Age	Date of Birth	Soc. Sec. #	Relationship to you

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

### Rental History:

Current address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current address is: parent's home  own home  rent home  rent apartment  student housing  friend

Landlord's name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous address is: parent's home  owned home  rented home  rented apartment  student housing  friend

Landlord's name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### Employment:

Present Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

How Long? \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Monthly Gross Income \$ \_\_\_\_\_ How often are you paid? (circle one) weekly bi-weekly semi-monthly monthly

Prior Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

How Long? \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Financial:

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_ Account No. \_\_\_\_\_

Check all that apply: Checking  Savings  Visa  Loan

Credit Card Type \_\_\_\_\_ Bank/Issuer \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

### List Financial Obligations:

Creditor Name	Address	Phone #	Monthly Payment

Have you ever been arrested, accused, charged or convicted of any crime? No  Yes  If yes, please explain each crime in detail: \_\_\_\_\_

Have you ever filed for Bankruptcy? No  Yes  (If yes, please give date filed \_\_\_\_\_, and in which state? \_\_\_\_\_)

Has an eviction action ever been filed against you? No  Yes  (if yes, what is the status of the case? \_\_\_\_\_)

Do you smoke? \_\_\_\_\_ Do you have any pets? \_\_\_\_\_ If yes, which breed and size? \_\_\_\_\_

Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including but not limited to the obtaining of credit reports and agrees to furnish additional credit references on request. Applicant also affirms that all occupants of the leased premises are and will be legally residing in the United States.

All applications will be reviewed in the order received and judged based on the above criteria. Owner does not discriminate on the basis of race, color, religion, gender, national origin, disability, familial status or source of income.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

# LEGACY COURT APARTMENTS

8260 South Lance Street #4 Midvale, UT 84047

Phone: (801) 565-0691 Fax: (801) 563-7417

Owner: Vickie Smith

## RE: INFORMATION RELEASE

This is a letter of consent to release information for the purpose of verifying employment / rental / credit / criminal history for said person. I give my permission to Legacy Court Apartments and affiliates to obtain information for such purposes for a period of thirty days from the date signed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IF ANY QUESTIONS OR CONCERNS ARISE PLEASE FEEL FREE TO CONTACT ME.**

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Signed: \_\_\_\_\_

Dated this day of \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_