

International Investment Management Co.

APT. NO			_ APT. T	YPE					
MONTHLY RENT	 		_ OCCU	PT. TYPECUPANCY DATE					
REFERRED BY	EFERRED BY PRO-IN \$								
RENT STARTS			_ TERM	INATION I	OATE				
DATE OF APPLICATI	ON:	(each co-res	ident must	submit sepa	arate applications)				
		-APPLICAT	ΓΙΟΝ F	OR RES	SIDENCY-				
Applicant's Name					Date of Birth		SS No		
Firs		Middle	Last						
Marital Status			s License I	No		Sta	ate		
Spouse's Name		351111			Date of Birth_		SS No		
Firs		Middle				E			
Driver's License No Other Occupants:		Pnone	No			Email address			
Name	Age	Relationship		Name		Age	Relation	nship	
Name	Age	Relationship		Name		Age	Relatio	onshin	
1 (61110	1180		ESIDENT	HISTORY	7	1-80	11011111	р	
Present AddressStre		A , NT			G:4	G		7.	
Present Landlord/Resid		Apt No). 		City	State		Zip	
	D	ates To/From						Phone No.	
Monthly Payment \$		_ Reason for Moving							
Previous Address						g			
Stre		Apt No). Addmass		City	State	T	Zip	
Monthly Payment \$	Landiord	Reason for Moving	Address			_ Phone No	п	low Long :	
Have you ever been e	victed from any	leased premises?	If v	es explair	1				
Thave you ever been e	victed from any	reased premises.	EMPLO						
Present Employer						Position			
Stre		City		State	Zip				
Supervisor		·	_ Employe	ed Since		Gross Weel	kly Salary	\$	
						Position			
Business Address						_ Business Phone No	0		
Stre		City	Employe	State	Zip	Cross Wash	l-lr. Calamı	¢	
Supervisor						Gross Weel Position	kiy Salary	Φ	
Business Address						Business Phone No			
Stre	eet	City		State	Zip	_ Business I none I to	·		
Supervisor		.	_ Employe	ed Since		Gross Weel	kly Salary	\$	
		INC	COME / N	ET WORT	Ή				
	(Tota	al Anticipated Income Fro				2 Months)			
• .	•	mmission, and Bonuses)					\$		
Annual Salary (Spouse)						+	\$		
		oort, Parental Support, Etc	C.)			+	\$		
Source	(Stocks Ronds 9	Savings Acct., Equity in F	P.F. Etc.)	•		_			
Income from Assets	(Blocks, Dollds, S	savings Acci., Equity III r	, Etc.)	Ψ		- +	\$		
TOTAL ANTICIPATE	D INCOME					=	\$		
		h a notarized statement fr		CPA or attor	rney the amount of	f income you expect	to receive.		
**You must furnish us	with a notarized st	atement certifying to this							
O1 1: 4			BA		15				
Cnecking Account No.			_	Bank Na	me and Branch				
Savings Account No			_	Bank Na	ше апа Brancn				



											Open/Clos	
Firm City Applicant acknowledges credit is in excellent standing and ther					d thor	Acct. No ere are no delinquent balances			Mo	o. Payment \$ No	Open/Closed	
Applicant acknow	leages crean	is in exc	епеш	standing an	a there			nces	i i i es	TNO		
Vear & Make				Col	or	VEH	ICLE License	Nο	& State		Registered To	
Year & Make Color Year & Make Color						License 1	No.	& State		Registered To		
Do you own any p	ets?		If so,	how many		Kin	d		,	Weight	Color	
Emergency Contac	ct											
Address										Phone No	application. Such su	
Applicant has sub	mitted the su	ım of \$_		wh	ich is	non-refundal	ole for cred	it ch	neck processii	ng charge of the	application. Such su	ım is not a
											ost. Applicant hereby	
											ment. Owner and its ring credit and crimin	
											ch may be entered in	
											applicant has made a	
											ne event this applicati	
											nt without interest. I	
											amount received belo	
											further understood	
											cant refuses to enter i ed by the owner or it	
											partment, but the acc	
											er possession of the p	
the Applicant at th												
											e fee for the above sta	
											Date	·
Spouse's Signature	e											
				-AP	PLIC	CATION	VERIFI	CA				
FOR OFFICE USI	E ONLY:											
									Date	Verified		
					F	RESIDENCI	HISTOL	v				
Name of	Payment	Rent		Length of	An		Notice		Deposit	Apartment	Person Giving	
Landlord	History	Amour	nt	Occupance		mplaints	Given		Refunded	Condition	Information	By
					,							
	_				E	MPLOYM						
	Date	Da						on fo	or Leaving		Person Giving	_
Employer	Started	Ene	ded	Sala	y	Satisfaction	n			Title	Information	By
					SP	OUSE'S EN	1PLOYMI	ENT	4			
	Date	Da	te			000202			or Leaving		Person Giving	
Employer	Started	End	ded	Sala	y	Satisfaction			Č	Title	Information	By
					-			_				
		1]	BANK'S RE				T =		
Date Opened		Ratin	g				Ran	ge		Person Givin	g Information	By
					7	CREDIT RE	FERENCI	7S				
Firm Name			Ratin	nσ		KEDII KE	Balance			Person Givin	g Information	Ву
1 mm rvanic			Ratii	115			Daranec			1 CISON GIVII	ig information	Бу
										-		·
	CREDIT BUREAU INFORMATION											
Date Reported	Date (Opened		High Cr	edit	Cur	ent Balanc	e	Past Du	e Amount	Rating	By
											_1	
AC-0100 (10/	(10)											t



THIS PORTION OF APPLICATION IS FOR OFFICE USE ONLY CALCULATION OF ELIGIBLE INCOME – Only for those residents with assets

	•						
(a) Total Anticipated Annual Income (From Front of Form)			\$	(a)			
Total Amount of Assets \$		+	\$	_ (b)			
(c) Enter amount of income expected during the next 12 months (Lower and eligible applicants)		+	\$	_ 、			
(d) Take the larger figure of either (b) or (c), and add to the amount of the new total here.		OTAL =	\$	_ (d)			
(e) When the Resident first gave us his/her anticipated annual incher/his "Asset Income"? If so, subtract the amount he already to			\$	_ (e)			
(f) Enter Revised Grand Total in this space.		=	\$	_ (f)			
Completed by:	-						
Application Approved: Date	Manager Signature						
Application Disapproved: Date	Manager Signature						
Date Applicant Notified of Approval or Denial:							
If this application was disapproved, was the applicant give	en the name and address of the p	erson or	the reporting agency that ver	rified the application?			
Yes No Date Mana	ger's Signature						
If this application was disapproved, what was the basis fo	r refusal?						
Unfavorable credit report	Number of Occupants						
Unfavorable report from previous landlord	Number or size of pets						
Unfavorable employment references	Other (specify)						
Incorrect Information submitted on application							
APPLICANT CONVERSATION LOG:							

