



Today's date: _____ No. of Bedrooms Needed: _____ Floor Preference: _____
 Date Needed: _____ Other Special Requests: _____

Applicants						
	Last Name	First	Middle	Relation to HOH	Social Security #	Date of Birth
1				HOH		
2						
3						
4						
5						
6						

General Information

- Do you own a pet? _____ If so, how many and what kind? _____
 Pet Weight(s): _____
- Have you ever filed bankruptcy? _____ Y or N
- Have you ever been convicted of a felony? _____ Y or N
- Have you ever been evicted from an apartment? _____ Y or N
- If you have answered yes to an above question please explain: _____

Housing Reference

Applicant #1: Head of Household
 Applicant Name: _____ Email Address: _____
 Present Address _____ City _____ State _____ Zip _____
 Your Phone #: _____ How long at Current address: _____
 Rent or Own? If Rent, Property Name: _____ PH #: _____
 Reason for leaving: _____
 Emergency Contact Name: _____ Cell Phone #: _____
 Relation to Applicant: _____ Email Address: _____

Applicant #2:

Applicant Name: _____ Email Address: _____
Present Address _____ City _____ State _____ Zip _____
Your Phone #: _____ How long at Current address: _____
Rent or Own? If Rent, Property Name: _____ PH #: _____
Reason for leaving: _____
Emergency Contact Name: _____ Cell Phone #: _____
Relation to Applicant: _____ Email Address: _____

Applicant #3:

Applicant Name: _____ Email Address: _____
Present Address _____ City _____ State _____ Zip _____
Your Phone #: _____ How long at Current address: _____
Rent or Own? If Rent, Property Name: _____ PH #: _____
Reason for leaving: _____
Emergency Contact Name: _____ Cell Phone #: _____
Relation to Applicant: _____ Email Address: _____

Employment/Income Sources

Applicant #1:

Applicant Name: _____ Length of Employment _____
Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____
Additional Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____

Applicant #2:

Applicant Name: _____ Length of Employment _____
Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____
Additional Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____

Applicant #3:

Applicant Name: _____ Length of Employment _____
Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____
Additional Income Source: _____ Monthly Gross: \$ _____
Supervisor _____ Phone #: _____

Vehicle & Driver Information

1 Drivers License #: _____ State Issued: _____
Car Make/Model: _____ Color: _____ Year: _____ Plate #: _____
2 Drivers License #: _____ State Issued: _____
Car Make/Model: _____ Color: _____ Year: _____ Plate #: _____
3 Drivers License #: _____ State Issued: _____
Car Make/Model: _____ Color: _____ Year: _____ Plate #: _____

Bank Information

Name of Applicant	Name of Bank	Acct Type	Balance

Signature Clause

Security Deposit: A \$250 security deposit is required, also required is a \$150 non-refundable sanitation fee. Applicant has 48 hours after the date of the security deposit is received to cancel the apartment reservation and receive reimbursement of said security deposit. \$40 application fee per adult, 18 years or older is required to process. This is non-refundable.

Pet fee: A \$400.00 pet fee is required; this fee is non-refundable. You will also be responsible to pay \$20 per month, per pet in addition to rent. Upon transferring from one apartment to another, new pet fees must be paid. See management for additional pet information.

I/we certify that the answers given herein are true and complete to the best of my/our knowledge. I/we authorize investigation of all statements contained in this application for residency as may be necessary. I/we understand that any misrepresentation may result in the denial of my/our application. I/We authorize Bell Management, its subsidiaries and its agents to investigate my/our credit worthiness through any credit bureau or other reasonable means. I/We have read this application and understand it.

This application is not a rental agreement, contract or lease; all applications are subject to the approval of the owner/managing agent.

It is our aim to ensure that this apartment community is a drug-free zone. The use and/or sale of controlled substances will not be tolerated. By signing this form, I/We verify my/our support for this policy.

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD APPLICANT MUST SIGN BELOW.

HEAD APPLICANT

DATE

CO-HEAD APPLICANT

DATE

CO-HEAD APPLICANT

DATE

For office use only: Date application received: _____ Security deposit received: _____

Pet deposit received: _____ Apt# : _____ Move in Date: _____

Tenant Background Check Form

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by [Bell Management] (“the Company”) after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656**; another outside organization acting on behalf of [Bell Management] and/or [Bell Management] itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

New York City applicants only: You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

Washington State residents only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma residents only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

At your written request, [**Bell Management**] ("the Company") may obtain information about you from a third-party consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreenersofamerica.com.**

Signature: _____ Date: _____

This form stays in tenant file.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

Applicant Copy

AUTHORIZATION FOR DISCLOSURE OF INFORMATION FOR LANDLORD REFERENCE CHECK

COMPLEX NAME: _____ DATE/TIME: _____
 CONTACT PERSON: _____ EMAIL: _____
 PHONE#: _____ FAX#: _____

The undersigned Resident hereby authorizes _____, to investigate my rental history. I authorize any of my prior landlords to disclose to _____ information regarding my prior tenancy with you, including the information below.

 Resident Printed Name Resident Signature Date

TO BE COMPLETED BY PRIOR LANDLORD:

DATES OF RESIDENCY: FROM _____ TO _____ TOTAL # OF MONTHS _____

- 1. Did the Resident pay their rent on time? _____
 If the Resident was late on the rent, how late? _____
 How often? _____ Comments : _____
- 2. How much rent was paid each month by the Resident? _____
- 3. Did you receive a Security Deposit? _____
 How much of it was returned to the Resident? _____
- 4. Did the Resident, their guests, or family damage the apartment/property? _____
 Did they pay for the damages? _____ Amount of Damages? \$ _____
- 5. Were the police ever called as a result of a disturbance? _____ Date: _____
- 6. Were there problems with neighbors? _____
- 7. Does the Resident have pets or other potential problems that may be important for a landlord to know? _____
- 8. Did the Resident violate the lease agreement in any way? _____
 Comments: _____
- 9. Did the Resident give you proper notice for vacating? _____
 Reason for leaving: _____
- 10. Would you rent to this Resident again? _____
- 11. What previous address do your records indicate for the Resident? _____

ADDITIONAL COMMENTS: _____

COMPANY/NAME OF PRIOR LANDLORD: _____

SIGNATURE/DATE: _____

TITLE: _____