



EMPLOYMENT HISTORY

Applicant Employed By:				Supervisor's Name		Length of Service	
Address	City	State	Zip	Phone	Position	Salary	
						\$	Per
Applicant's Previous Employment:				Supervisor's Name		Length of Service	
Address	City	State	Zip	Phone	Position	Salary	
						\$	Per
Co-Applicant Employed By:				Supervisor's Name		Length of Service	
Address	City	State	Zip	Phone	Position	Salary	
						\$	Per

INCOME

Please answer all of the following as they apply to your Household and include the gross monthly amount of each item received or expected to be received.

Do you or any occupants receive or expect to receive?	YES / NO	MONTHLY GROSS AMOUNT
1. Wages, salaries, tips, bonuses, commission or self-employment	<input type="checkbox"/> <input type="checkbox"/>	
2. Disability benefits or Workman's Compensation	<input type="checkbox"/> <input type="checkbox"/>	
3. Welfare Assistance	<input type="checkbox"/> <input type="checkbox"/>	
4. Unemployment Benefits	<input type="checkbox"/> <input type="checkbox"/>	
5. Child Support	<input type="checkbox"/> <input type="checkbox"/>	
6. Alimony	<input type="checkbox"/> <input type="checkbox"/>	
7. Social Security	<input type="checkbox"/> <input type="checkbox"/>	
8. Pensions	<input type="checkbox"/> <input type="checkbox"/>	
9. Retirement Benefits	<input type="checkbox"/> <input type="checkbox"/>	
10. Other Sources of Income (please list each item below)	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	
TOTAL		\$

ASSETS

Please check all that apply and provide current balances. Please include any assets that were disposed of for less than fair market value within the past two years.

Assets Held In:	Current Balance
Checking Accounts	<input type="checkbox"/>
Savings Accounts	<input type="checkbox"/>
Stocks	<input type="checkbox"/>
Bonds	<input type="checkbox"/>
Securities	<input type="checkbox"/>
Trusts	<input type="checkbox"/>
IRA / KEOGH	<input type="checkbox"/>
Certificate Of Deposit	<input type="checkbox"/>
Money Market	<input type="checkbox"/>
Other (please include type) _____	<input type="checkbox"/>



HAVE YOU EVER...			
HAVE YOU EVER BEEN CONVICTED (EXCEPT DRIVING CITATION) WITHIN THE PAST 10 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER BEEN EVICTED OR BEEN ASKED TO VACATE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YOU ANSWERED YES TO EITHER OF THE QUESTIONS ABOVE, PLEASE PROVIDE EXPLANATION:			
Motor Vehicle			
LICENSE PLATE #	MAKE	YEAR	MODEL & COLOR

Emergency Contact			
In case of emergency, Notify.	Relationship	Day Phone	Night Phone
1.			
2.			

How did you hear about the property? _____

Is there any information that might appear on your credit, rental or criminal history that you wish to disclose and/or address up front, knowing that failure to disclose such information may be considered grounds for denial of this application? Yes No

I/We understand that the above information is being collected to determine my eligibility. I/We do hereby authorize Lasson Management and its staff or authorized representative to contact previous or current landlords, local police departments, offices, groups or organizations, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that I/We have only applied for tenancy. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby make application for an apartment and certify that this information is correct. I/We authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file. The cost of this credit processing is \$ _____ to be paid by the applicant. This cost is not rent or deposit and will not be refunded.

Applicant's Signature _____ Date _____

Co - Applicant's Signature _____ Date _____
 18 Years or Older

Co - Applicant's Signature _____ Date _____
 18 Years or Older



REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	

THIS APPLICATION

APPROVED
 DISAPPROVED Date: _____ By: _____
 Applicant Notified By: _____ Anticipated Move-in Date: _____
 Amount of Deposit Received \$ _____ Date Received _____
 Date of Lease _____ Lease Length _____ Rent \$ _____