

Little Dipper Apartments Application to Rent

1910 Turner Street, Fairbanks, AK 99701 (907) 452-6092

(Confidential-for use of management only)

- Individual application required from each non-spouse adult occupant.

Phone Number _____

Date _____

I (we) apply to rent # _____ located at 1910 Turner Street at a monthly rental of \$ _____. If my (our) application is accepted, I (we) agree not to sublet the premises or add any occupants, other than those listed on this application without written consent of owner/manager.

I (we) understand that all rents are due and payable in advance on the due date each and every month and are payable at the FIRST OF EACH MONTH to the office of Little Dipper Apartments. In the event of my (our) vacating, I (we) am to give thirty days advance written notice that is required by law.

Personal Data

Applicant's Last Name	First Name	Middle	Jr/Sr	Social Security No.	Birthdate
Spouse's Last Name	First Name	Middle	Jr/Sr	Social Security No.	Birthdate
Other Proposed Occupants:				Social Security No.	Birthdate

	Address	City/State	Zip	Landlord Name & Phone	Dates
Present					
Previous					
2 nd Prev.					

Reason for vacating present address:

Applicants Driver's License No. and State: _____ Expiration Date: _____

Spouse's Driver's License No. and State: _____ Expiration Date: _____

Car Make: _____ Year: _____ Model: _____ Color: _____ Lic. No. & State: _____

Other Vehicle(s): _____

NO PETS ALLOWED, except a goldfish or a small bird in a cage.

CONTINUED ON REVERSE



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	Applicant's Present Occupation	Applicant's Prev. Occupation	Co-Applicant's Present Occupation	Co-Applicant's Prev. Occupation
Employer/Sqdn/BTN				
Occupation/Rank				
Business Address				
Business Phone				
Type of Business				
Supervisor Name/Title				
Length of Employment				
Monthly Gross Income				

Reference Data

Bank Reference:
Address & Phone No:

Credit Reference:
Address & Phone No:

Credit Reference:
Address & Phone No:

Personal Reference:
Address & Phone No:

Personal Reference:
Address & Phone No:

Nearest Relative:
Relationship, Address & Phone No:

- | | | | | |
|----|--|-------|---------|---------|
| 1. | Have you ever filed for Bankruptcy? | When? | Status? | |
| 2. | Have you ever been evicted from tenancy? | When? | Why? | |
| 3. | Have you refused to pay any rent when due? | When? | Why? | |
| 4. | Do you owe money to Chenana, Executive Estates or Little Dipper Apartments? | | | Explain |
| 5. | Is any household member subject to a lifetime registration under a state sex offender law? | | | Explain |

I (we) represent that the preceding information is true and accurate. I (we) understand this information will be used by the landlord to evaluate my (our) rental application for conventional housing at Little Dipper Apartments and that no property will be leased or rented unless this form is complete. I (we) authorize the release of this information to Credit Services, Inc. d/b/a Tenant Watch™ (TW), any subscriber of TW, any national credit repository or credit reporting agency or any other person or company in order to supply the landlord with information requested concerning me (us).

Applicant's Signature _____ Applicant's Printed Name _____

Co-Applicant's Signature _____ Co-Applicant's Printed Name _____



Applicant,

Please print clearly in black ink the following information to assist Credit Services, Inc., dba Tenant Watch, A National Credit Repository in providing us a copy of your credit report for review in determining eligibility for our housing program.

Head of Household:

_____	_____	_____	_____
Last name	First name	Middle Name	Suffix
_____	_____	_____	_____
Birth Date	Social Security Number	Driver's License No. & State	
_____	_____	_____	
Current Physical Address	City/State	Zip	
_____	_____	_____	
Prior Physical Address	City/State	Zip	
_____	_____	_____	

Spouse or Co-head of Household:

_____	_____	_____	_____
Last name	First name	Middle Name	Suffix
_____	_____	_____	_____
Birth Date	Social Security Number	Driver's License No. & State	
_____	_____	_____	
Current Physical Address	City/State	Zip	
_____	_____	_____	
Prior Physical Address	City/State	Zip	
_____	_____	_____	

I (we) authorize the release of this information to Little Dipper and Credit Services, LLC, d/b/a Tenant Watch™ (TW), any subscriber of TW, any national credit repository or credit reporting agency or any other person or company in order to supply the landlord with information requested concerning me (us).

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date



AUTHORIZATION FOR
RELEASE OF INFORMATION
Little Dipper Apartments
1910 Turner Street Fairbanks, AK 99701

Head of Household: _____

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Little Dipper Apartments any information or materials needed to complete and verify my application for, or participation in, any HUD assisted housing program. Verification and inquiries that may be requested include, but are not limited to:

- | | |
|---------------------------------------|--|
| * IDENTITY AND MARITAL STATUS | * INCOME FROM ANY SOURCE |
| * POLICE RECORDS AND CRIMINAL HISTORY | * ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS |
| * EMPLOYMENT INCOME | * MEDICAL OR CHILD CARE ALLOWANCES |
| * RESIDENCES AND RENTAL ACTIVITY | |
| * CREDIT HISTORY | |
- Credit Reports provided by Credit Services, Inc., dba Tenant Watch, A National Credit Repository.

Groups or Individuals That Executive Estates May Contact

- | | |
|---|---|
| * PAST AND PRESENT LANDLORDS | * PAST AND PRESENT EMPLOYERS |
| * COURTS AND POST OFFICES | * DEPT. OF HEALTH & SOCIAL SERVICES |
| * SCHOOLS AND COLLEGES | * DEPT. OF LABOR AND WORKFORCE DEVELOPMENT |
| * LAW ENFORCEMENT AGENCIES | * DEPT. OF EDUCATION & EARLY SOCIAL SECURITY ADMINISTRATION |
| * UTILITY COMPANIES | * SOCIAL SECURITY ADMINISTRATION |
| * BANKS AND FINANCIAL INSTITUTIONS | * MEDICAL AND CHILD CARE PROVIDERS |
| * AK PERMANENT FUND CORPORATION | * RETIREMENT SYSTEMS |
| * PRIVATE SOCIAL SERVICE AGENCIES | * PAYEES, TRUSTEES |
| * INDIVIDUALS PROVIDING REFERENCES OR OTHER DOCUMENTATION | |

Conditions: I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, a housing assistance program. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the date signed.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Co-Tenant

Print Name

Date

Signature of Adult Member

Print Name

Date

Signature of Adult Member

Print Name

Date

