

APT # _____



PHOTO I.D.

**Quail Creek Apartments LLC.
AUTHORIZATION TO RELEASE INFORMATION**

Applicant's full name _____

Social Security Number _____ DOB ____/____/____

Present Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

HAVE YOU OR ANY OCCUPANT EVER (YES OR NO)

BEEN EVICTED _____ DECLARED BANKRUPTCY _____

BEEN CONVICTED OF A CRIME _____ BEEN SERVED AN EVICTION NOTICE _____

BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES _____

BEEN CHARGED WITH OR CONVICTED OF A CRIME THAT REQUIRES YOU TO REGISTER AS ANY TYPE OF SEXUAL OFFENDER _____

Drivers License Number _____ State _____ Expiration Date _____

Landlord's Name _____ Landlord's Phone # _____

Employer's Name _____ Employer's Phone # _____

Employer's Address _____

Monthly Salary _____

Other Income _____

Occupants of Apartment (note: occupants over 18 may be asked to fill out an authorization form to check criminal history)

Name _____ Relation to You _____

Name _____ Relation to You _____

Name _____ Relation to You _____

Vehicle Yes _____ No _____ Make _____ Model _____

Vehicle Yes _____ No _____ Make _____ Model _____

Applicant's E-mail _____

Applicant's phone number _____

Number of Pets _____ Weight _____ Breed _____

Applicant(s) authorize Quail Creek Apartments LLC to obtain a Credit Report, Eviction Check, Criminal History Check, Landlord Check, Employer Check and a Bad Check Report Check on applicant(s).

Applicant states that all information is true and may be asked to verify income with a check stub

Information on that report may be used by Quail Creek Apartments LLC in recommending or not recommending applicant(s) as leasee

Applicant's Signature _____ Date _____

OFFICE USE ONLY
CREDIT CHECK _____
APPROVED / NOT APPROVED
CALLED _____