



For purposes of credit & rent liability only: LIST ALL ADDITIONAL ADULTS AND CHILDREN WHO WILL OCCUPY UNIT. Please put "F" for full time or "P" for part time after each name.

If this box is checked there shall be no additional occupant(s).

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**ADDITIONAL INFORMATION**

- 1. Have you ever had any credit problems?  Yes  No
- 2. Have you ever had an unlawful detainer filed against you?  Yes  No
- 3. Have you ever been evicted for non-payment of rent or for any other reason?  Yes  No
- 4. Have you ever filed bankruptcy?  Yes  No
- 5. Have you ever been convicted of a felony.  Yes  No
- 6. Do you have any pets?  Yes  No If Yes, How many? \_\_\_\_\_ Describe: \_\_\_\_\_
- 7. Will you be using any water-filled furniture in your residence?  Yes  No  
If Yes, do you have insurance coverage?  Yes  No
- 8. Do you have any musical instruments?  Yes  No If yes, what kind \_\_\_\_\_
- 9. Do you smoke?  Yes  No Does any other proposed occupant smoke?  Yes  No
- 10. Please explain any "YES" answers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANKING INFORMATION**

Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_  
Name of Bank/S&L/Credit Union \_\_\_\_\_ Branch or Address \_\_\_\_\_  
Checking #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_ Savings #: \_\_\_\_\_ Approx. Bal. \_\_\_\_\_  
Other sources of income \_\_\_\_\_

**CREDIT REFERENCES (Credit Cards/Car Payments/Other Loans)**

Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Company Name \_\_\_\_\_ Address/City: \_\_\_\_\_  
Account #: \_\_\_\_\_ Present Balance \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)**

Are you the registered owner?  Yes  No If not who? \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_