RENTAL APPLICATION

(PLEASE PRINT CLEARLY)

\$25.00 Non-Refundable Per Person or \$35.00 per Legally Married Couple Processing Fee to be made payable to AMC along with a copy of most recent check stub and state issued identification 288-2565 or fax 288-2566, Jennifer@amcpropertiesllc.com office address is 2770 E Franklin #8 Meridian

Property Address: ___ Desired Date of Occupancy: Desired Length of Occupancy: Tenant: _____ Social Security # _____ Date of Birth: _____ Mothers Maiden Name _____ Drivers License #: _____ Present Address _____ How Long_____ City: _____ State _____ Zip Code: ______Rent Per Month: _____ Your Phone #: _____Email Address: _____ Why are you moving? Landlord: _____ Phone: _____ Previous Address: Previous Landlord: Phone: State: Zip Code: Employer's Name: Phone: _____Address: _____ Position: _____How Long? _____ Name and Title of Supervisor: Previous Employer: Approval is given to contact current & prior landlord () yes () no Approval is given to contact current & prior employer () yes () no Have you been convicted of criminal activity? () yes () no Are you in the Military? () yes () no Stationed? MONTHLY INCOME: Take-home pay: _____ Source () Wages () Salary () Commission () Tips () Gov't assistance () Other Relation to Tenant: _____ Drivers License #: _____ _____City _____ Current Address: State _____ Zip Code: _____ Your Phone #: Landlord: _____ Phone: _____ Previous Address: Previous Landlord: _____ Phone: _____

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Approval is given to c Approval is given to c Have you been convic Are you in the Militar	contact current cted of crimina	& prior Empl l activity? ()	oyer() yes (yes ()) no	no	
MONTHLY INCOM Take home pay:		Sour	ce	() Tij	lary ommission ps ov't Assistance	
If student, parent's na Phone:						
OTHER TENANTS	Age	Relationship		Occuj	pation	
List all motor vehicles year, and license plate			at the dv	welling	unit. Include make, model,	
Vehicle # 1:			Lice	nse:		
	License:					
Vehicle # 3:	License:					
Pet Name 1 2				Sex	Indoor/Outdoor	
Pets will not be allow				ation a	nd pet deposit.	
CREDIT REFERENCE	CES THAT WI	LL NOT SHO	W UP	ON CR	EDIT REPORT	
Name 1.	Address	Limit			Account Numbers	
2						
3						

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PERSC	NAL REFE	<u>RENCES</u>						
	Name	Address	City/Sate/Zip	Phone				
1								
2								
NEARI	EST RELAT	IVE						
		Address	City/Sate/Zip	Phone				
1								
2								
BANK	S							
	Name of Bar	nk	Check/Savings	Branch				
1				<u> </u>				
2								
VISA/N	MASTERCA	RD						
			aster) Issuing Bank	Limit				
	• •	•						
2				·				
Do wou		al astata? () V	os () No					
•	here and wh	al estate?() Ye	es () No					
11 30, W	nere and win	αι.						
			any tenancy?: () Yes					
			when due? () Yes					
Do you	know of any	ything that may	y interrupt income or abi	lity to pay rent? ()Yes ()No				
I (ma) l	analar, aantifr	v that the amou	roma I (vva) havva airvan in	this application and true and some at t				
				this application are true and correct to y false answers or statements made be				
				any security deposit. I (we) further				
				erify the above information including				
				not, present or former landlords, and				
employ		C	,	,				
Date			Tenant					
Date			1 Chant					
Date			Co-Tenant	Co-Tenant				
Disario								

Discrimination:

It is against the law to discriminate against tenants on the basis of race religion, national origin, age, or racial make up.