## STRATUM REAL ESTATE GROUP 365 S. MAIN ST. CEDAR CITY, UTAH 84720

## APPLICATION TO RENT

UTAU APARTMENT ASSOCIATIOS	
IIme	
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State	-
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State Zip	
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Checking Savings	
Relationship	
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ns including but not limited, rental histor attests that all occupants of the apartmen	y,
agreement within 3 days of approval, ar	_

Last Name	Individual applications required from each adu	ılt occupant (All sectio	ons must be completed)	Date	ASSOCIATION			
Home Phone Work Phone Alt Phone Email Address Anticipated Move-In Data Present Address City State Zip  Date In: Date Out: Owner/Representative Name Phone Reason for Leaving Previous Address City State Zip  Date In: Date Out: Owner/Representative Name Phone Reason for Leaving Previous Address City State Zip  Date In: Date Out: Owner/Representative Name Phone Reason for Leaving Name Age of Other Applicants  Age Name Date efficient (regular di rever 18 yes old)  Name Age Name Date efficient (required if rever 18 yes old)  In Present Occupation In Phone #  Address City State Zip  Current Gross Income Phone in Phone #  Address City State Zip  Address City State Zip  Address City State Zip  Phone #  Address City State Zip  Address City State Zip  Address City State Zip  Financial Obligations: Please the financial obligations and monthly payment.  Name of Bank Address Checking Sawings  Emergency Contact: Phone #  Address Checking Sawings  Emergency Contact: Phone #  Address Checking Sawings  Financial Pobligations: Please the financial obligations and monthly payment.  Name of Bank Address Checking Sawings  Emergency Contact: Phone #  Address Checking Sawings  Financial Pobligations on the premises been arrested/convicted/accused of a crime spilnor persons or property, sax crimes, domestic status or drugslated in the premises been arrested/convicted/accused of a crime spilnor persons or property, sax crimes, domestic status or drugslated in the premises been arrested/convicted/accused of a crime spilnor persons or property, sax crimes, domestic status or or drugslated in the Date of crimes propers and behavior of the spilnor or thinks of the spilnor of the spilnor or thinks of the spilnor or thinks of the spilnor of the spilnor or thinks of the spilnor of the spilnor of the spilnor or thinks of the spilnor or thinks of the spilnor or thinks of th	Last Name	First Name		Date of Birth				
Email Address	Social Security II	Driver's License #		Date of Birth				
Present Address	Home Phone	Work P	hone	Alt Phone	State			
Date In Date Out Owner/Representative Name Phone Reason for Leaving Previous Address City State Zip Date In Date Out Owner/Representative Name Phone Reason for Leaving Previous Address Date Out Owner/Representative Name Phone Reason for Leaving Reason	Email Address	Email Address Artification And Alt Phone						
Owner/Representative Name Phone Phone Previous Address City State Zip Date In: Date Out Owner/Representative Name Phone	Present Address	Anticipated Move-In Date						
Previous Address	Date In: Date Out:	Owner/Repre	sentative Name	State Zip				
Previous Address Date In: Date Out: Owner/Representative Name Phone Reason for Leaving Name & Age of Other Applicants  Age: Name Date of Birth Social Security # Drivers License # (required for over 18 yes old)  I, Present Occupation I, So whenly In So whenly I, In So whenly In Southern Occupation I, In Southern Name	Reason for Leaving		seriedite i valile	Phone				
Reason for Leaving  Name & Age of Other Applicants  Resion for Leaving  Name & Date of Birth	Previous Address		City					
Name & Age of Other Applicants    Age	Date In: Date Out:	Owner/Representative Name		StateZip				
Name & Age of Other Applicants    Age	Reason for Leaving Phone							
Age Name Date of Birth (required If over 18 yrs oil)  I. Present Occupation								
I. Present Occupation			Date of Birth	Social Security #	Drivers License #			
Address				(required if over 18 yrs old)	- Intellige #			
Address								
Address	I. Donas Oceani							
Address	. Present Occupation Employer Name							
City stored of income is required  2. Prior Occupation	riame or our	Phone #						
Employer Name    How Long	Addi ess		City	State	Zip			
Address	Current Gross monte	* broof of income is required						
Address	Z. Frior Occupation		Employer Na	ime				
Financial Obligations: Please list financial obligations and monthly payment  Name of Bank	How roug Mame of 20	ipervisor		Phone #				
Name of Bank	Addiess		City	State	70			
Address Checking Savings  Emergency Contact: Phone # Relationship  Has anyone who will reside in the premises been arrested/convicted/accused of a crime against persons or property, sex crimes, domestic abuse or drug/alcohol related crimes? Filed a petition in Bankruptcy? On Parole/Probation?  If so when/why  Been evicted? If so when/why  Smoke? Have pets? If so what kind  Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including but not limited, rental history, will be legal to reside in the United States.  The undersigned makes application to rent housing accommodations designated as:  The rental for which is \$ per month. Upon approval of this application, applicant agrees to sign a rental or lease agreement within 3 days of approval, and to pay all sums due, including deposits, before occupancy. If applicant fails to sign rental agreement in above stated time the landlord reserves the right to deny this application.  An application fee of \$ is non-refundable (an additional fee may be required for alias' or aka's). A Deposit of \$ is required and can be refundable according to state and local laws.  All applications will be reviewed in the order received and judged based on the owner's rental criteria. Owner does not discriminate on the basis of roce, color, religion, sex, national origin, disability, familial status or source of income.  Dated: 20 Signed	Financial Obligations: Please list i	inancial obligation	is and monthly payment_					
Has anyone who will reside in the premises been arrested/convicted/accused of a crime against persons or property, sex crimes, domestic abuse or drug/alcohol related crimes? Filed a petition in Bankruptcy? On Parole/Probation?  If so when/why  Been evicted? If so when/why  Smoke? Have pets? If so what kind  Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including but not limited, rental history, criminal reports, and obtaining of credit reports and agrees to furnish additional credit references on request. Applicant also attests that all occupants of the apartment The undersigned makes application to rent housing accommodations designated as:  The rental for which is \$ per month. Upon approval of this application, applicant agrees to sign a rental or lease agreement within 3 days of approval, and application.  The rental for which is \$ per month. Upon approval of this application, applicant agrees to sign a rental or lease agreement within 3 days of approval, and application.  An application fee of \$ is non-refundable (an additional fee may be required for alias' or aka's). A Deposit of \$ is required and tan be refundable according to state and local laws.  All applications will be reviewed in the order received and judged based on the owner's rental criteria. Owner does not discriminate on the basis of roce, color, religion, sex, national origin, disability, familial status or source of income.  Dated: 20 Signed								
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Been evicted? If so when/why	drug/alcohol related crimes?	Filed a petition in B	ankruptcy? On Par	role/Probation?	sex crimes, domestic abuse or			
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