

International Fax Application Form
 (Use this form if one or more applicants do not have a US SSN)

Fax Number: 1.800.799.5885

*required fields must be completed to ensure a prompt response

Unit Information

****Add-On to Application Number** (If Applicable):** _____

Leasing Agent: _____ Date: _____

*Property: _____ *Company: _____

*Fax _____ *Phone: _____

*Property Type (Market, Section *, Student, etc.): _____

Marketing Source: _____ Building/Unit: _____

*Guest Card: _____

*Rent: \$ _____ *Deposit: \$ _____ Lease Term (months): _____

Move-In Date: _____

First Applicant

*Please Circle One: All Credit Criminal Eviction

*Full Name: _____

*Street: _____

*City: _____ *State: _____ *Zip: _____

US Visa/Green Card/ US SSN: _____ *DOB (MM/DD/YYYY): _____

*Income: \$ _____ Yearly Monthly Weekly

Other Income: \$ _____ Yearly Monthly Weekly

Assets: \$ _____

Criminal Report: Yes No

State 1: _____ State 2: _____

State 3: _____ State 4: _____

Eviction Report: Yes No

State 1: _____ State 2: _____

State 3: _____ State 4: _____

Second Applicant/Guarantor

***Please Circle One:** All Credit Criminal Eviction

Applicant Guarantor

*Full Name: _____

*Street: _____

*City: _____ *State: _____ *Zip: _____

US Visa/Green Card/ US SSN: _____ *DOB (MM/DD/YYYY): _____

*Income: \$ _____ Yearly Monthly Weekly

Other Income: \$ _____ Yearly Monthly Weekly

Assets: \$ _____

Criminal Report: Yes No

State 1: _____ State 2: _____

State 3: _____ State 4: _____

Eviction Report: Yes No

State 1: _____ State 2: _____

State 3: _____ State 4: _____

Third Applicant/Guarantor

***Please Circle One:** **All** **Credit** **Criminal** **Eviction**

Applicant **Guarantor**

***Full Name:** _____

***Street:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

US Visa/Green Card/ US SSN: _____ ***DOB (MM/DD/YYYY):** _____

***Income: \$** _____ **Yearly** **Monthly** **Weekly**

Other Income: _____ **Yearly** **Monthly** **Weekly**

Assets: \$ _____

Criminal Report: **Yes** **No**

State 1: _____ **State 2:** _____

State 3: _____ **State 4:** _____

Eviction Report: **Yes** **No**

State 1: _____ **State 2:** _____

State 3: _____ **State 4:** _____

Consent/Signature

APPLICANT/TENANT CONSENT

I hereby consent to allow _____, through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease an apartment. I further understand if I lease an apartment, I consent to allow _____ and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information.

The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction.

_____	_____	_____
Applicant Name	Signature	Date
_____	_____	_____
Co-Applicant/Guarantor Name	Signature	Date
_____	_____	_____
Co-Applicant/Guarantor Name	Signature	Date