

15. How did you learn about Lay Bay? _____

16. Have you ever had an eviction filed against you?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

17. Have you ever left owing money to any owner or landlord?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

18. Have you ever applied for residency in the past 2 years, but did not move in?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

19. Have you ever had adjunction withheld or been convicted of a crime?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

NOTE: IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquires. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

**** APPLICATION FEES AND DEPOSITS ARE **NON-REFUNDABLE**. ****

Applicant's Signature & Date

Co-Applicant's Signature & Date

For Office Use Only:

Disposition of Application: Approved Not Approved, Reason: _____

Manager: _____ Date: _____

Apt. Number: _____ Rent: _____ Move in Date: _____

Application Fee Paid: _____ Deposit Paid: _____ Copy of Drivers License: _____

Applicant's Fee Paid: _____