

Neighborhood:	Addressed Leased:		
Priority Code:	Relocation Specialist:		
Total # of Occupants:	Date Needed:	# of Bedrooms:	Type of Home:

How did you hear about us?

### APPLICANT (Include Jr. or Sr., if applicable)

Applicant Name (First, MI, Last):			Individual	Joint	Guarantor
Home #:	Work #:	Cell #:			
Email Address:		Social Security No:			
Date of Birth:	Driver's License # or State ID #	State of Issue:			
Have you been convicted of a felony, sex-related crime, or misdemeanor assault conviction?    Yes    No    Have you ever been evicted?    Yes    No					

### PERSON(S) TO OCCUPY THE APARTMENT IN ADDITION TO THE APPLICANT:

Name	Relationship	Date of Birth	Social Security Number

### RESIDENCE INFORMATION

Own	Rent	N/A	Landlord/mortgage company:		N/A Reason:
Current Residence	Street:		City:		State / ZIP:
Rent/Mortgage Amount:	Move In Date:	Anticipated Move Out	Reason for Leaving:		
Manager/Contact:		Manager/Contact Phone:		Manager/Contact E-mail:	
Previous Residence (if less than 1 yr)	Street:		City:		State / ZIP:
Move In Date:			Move Out Date:		

### EMPLOYMENT/INCOME INFORMATION

Employer:	Address:	City/State/ZIP:
Job Title:	Start Date:	Estimated Annual Income:
Additional Annual Income:	Type:	Amount: \$

### IN CASE OF EMERGENCY: I hereby give consent to contact the individual(s) below:

Name:	Relationship:	Address:
City/State/ZIP:		Home Phone #:
Work Phone #:	Cell Phone #:	Email:

### VEHICLE INFORMATION

Vehicle Type:	Make:	Year:	Model:
Color:	License Plate #:	State:	

### PET INFORMATION

Pet Type:	Breed:	Size in Pounds:	Color:	Name:
Pet Type:	Breed:	Size in Pounds:	Color:	Name:

### ACKNOWLEDGMENT AND AGREEMENT

I understand that the Application Deposit will be refunded to me if this Application is not approved and all of the information provided was truthful and accurate. If this Application is approved, the Application Deposit shall become part of the move-in monies and will be forfeited in accordance with applicable law if the move-in does not occur. If this Application is canceled in writing within 72 hours the Application Deposit shall be refunded. If this Application is canceled after 72 hours, the Application Deposit shall be forfeited. It is understood that the Application Fee is not refundable. Applicant agrees that HBCPM shall not be liable for any delay in the date said home is ready for occupancy. Applicant represents that all the statements herein are true and authorizes HBCPM and/or its agents to verify the information contained herein. Applicant acknowledges that false information herein may constitute grounds for denial of this Application, terminating the right of occupancy, and may constitute a criminal offense under the laws of this state. Applicant agrees to notify HBCPM of any material change in the information provided on this Application. HBCPM may obtain investigative consumer reports from employers, landlords, law enforcement agencies, credit reporting agencies or other applicable sources under 15 U. S. C. Sections 1681 et seq. An Applicant may be approved with conditions or denied for reasons such as, but not limited to, economic criteria, rent to income ratio, poor credit or check writing history, unfavorable residency history, previous eviction history and/or an unsatisfactory criminal background. HBCPM will provide Applicant, if approved with conditions or denied, with information about the nature of such reports. The consumer reporting agency used to process this application is RealPage, Inc. located at 4000 International Parkway, Carrollton, TX 75007 Phone (866) 934-1124. Washington state Applicants are entitled to a free copy of the consumer report obtained in the event of a denial or other adverse action and may dispute the accuracy of the information contained therein. Consumer investigative report results are valid for 60 days according to HBCPM policy. Additionally, I authorize HBCPM and/or its agents to obtain additional investigative consumer reports from the sources previously listed if occupancy does not occur within 60 days, when this Application reaches the top of the applicable waiting list, and/or at lease renewal. I further authorize HBCPM, its agents, and/or its attorneys to obtain additional consumer investigative reports to enforce judgements in favor of HBCPM.

Applicant's Signature:	Date:	
Management Representative Signature:	Date:	Time Received:

<b>OFFICE USE ONLY:</b>	Application Fee: \$	Application Deposit: \$	Total Received: \$
FUNDS COLLECTED:	Receipt Number:	Estimated Total Monthly Rent: \$	

Approved      Approved with Conditions      Denied      By: \_\_\_\_\_      Date: \_\_\_\_\_

Condition(s): \_\_\_\_\_

Applicant Cancellation:      Date:      Time:      Management Representative Signature: \_\_\_\_\_