



TENANT APPLICATION FORM

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|--|--------------------|----------------------------------|-------|--------------------------|----|
| FIRST NAME | LAST NAME | M.I. | EMAIL | | |
| TELEPHONE # | DRIVER'S LICENSE # | HOW DID YOU HEAR ABOUT US? | | | |
| CURRENT ADDRESS | | CITY | STATE | ZIP | |
| LENGTH OF TIME AT CURRENT ADDRESS | | REASON FOR MOVING | | | |
| PREVIOUS/CURRENT LANDLORD (IF APPLICABLE) | | LANDLORD PHONE # (IF APPLICABLE) | | | |
| EMERGENCY CONTACT NAME | | EMERGENCY CONTACT PHONE # | | | |
| EMERGENCY CONTACT EMAIL | | DESIRED UNIT (3, 4, OR 5 BR) | | | |
| PLEASE LIST THE ROOMATES YOU WOULD LIKE TO LIVE WITH BELOW (MAXIMUM OF FOUR) | | | | | |
| ROOMATE ONE | | ROOMATE TWO | | | |
| ROOMATE THREE | | ROOMATE FOUR | | | |
| HAVE YOU EVER BEEN ASKED TO MOVE OUT OF A RESIDENCE? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| ARE YOU A REGISTERED SEX OFFENDER? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| HAVE YOU BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| DO YOU HAVE OR PLAN TO OBTAIN A RENTER'S INSURANCE POLICY? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| HAVE YOU EVER HAD A DISPOSSESSORY ACTION FILED AGAINST YOU? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| HAVE YOU EVER BEEN EVICTED? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| HAVE YOU EVER HAD AN ACCOUNT SENT TO A COLLECTION AGENCY? | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

NOTE: BY SUBMISSION OF THIS APPLICATION, THE APPLICANT AGREES TO ALLOW THE LANDING AT WESTERN, LLC TO ACQUIRE CERTAIN CONSUMER REPORTS REGARDING CREDIT HISTORY, RENTAL HISTORY, AND/OR BACKGROUND CHECK.