## ICO Glendale Flats, LLC Application for Residency

The ABOVE SECTION TO BE COMPLETED BY LEASING PROFESSIONAL ONLY  DEPLOYEE VERIFYING:  APPLICATE INFORMATION  APPLICATION TO SECURITY Number  Social So	Office Use Only Property	Primary App () Apt. #	Joint App Oco-Signer Rent Amount	Roommate Add On Rush Move In Date
APPLICANT INFORMATION  PRESENT ADDRESS  (I.AST 24 Months of Resident History required)  Address is: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address is: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Street Name (Include N, S, E, W, and Street Type Re P, Way, stc.)  Address was: Rented O Owned O Other O Oth	102		\$ .00	]
Social Security Number    PRESENT ADDRESS   CLAST 24   Months of Resident History required   Address is: Rested   O owned   Other			ED BY LEASING PROFESSIONAL	ONLY EMPLOYEE VERIFYING:
PRESENT ADDRESS  (I.A.ST 24 Months of Resident History required)  Address is: Restrict O Owned O Other O Street Number  (Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, and Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And St		ATION	MI Last Name	Jr., Sr., etc.
PRESENT ADDRESS  (I.A.ST 24 Months of Resident History required)  Address is: Restrict O Owned O Other O Street Number  (Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt # #   Include N, S, E, W, add Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, and Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And Street Pipe R D, Way, etc.)  Agt #   Include N, S, E, W, And St				
Steet Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Apr #  Landlord or Community Name  Landlord or Community Name  Landlord or Community Name  If Own a hone, state monthly morgage amount:  FEVEUOUS ADDRESS  Street Number  Street Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Address was: Rested O Owned O Other O  Apr #  FEVEUOUS ADDRESS  Street Number  Street Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Address was: Rested O Owned O Other O  Apr #  FEVEUOUS ADDRESS  Street Number  Street Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Apr #  Address was: Rested O Owned O Other O  Apr #  Applicant Service And O North Andress was: Rested O Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  A	Social Security Numb	per	Date of Birth (Month/Da	y/Year) Driver's License Number and State:
Steet Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Apr #  Landlord or Community Name  Landlord or Community Name  Landlord or Community Name  If Own a hone, state monthly morgage amount:  FEVEUOUS ADDRESS  Street Number  Street Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Address was: Rested O Owned O Other O  Apr #  FEVEUOUS ADDRESS  Street Number  Street Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Address was: Rested O Owned O Other O  Apr #  FEVEUOUS ADDRESS  Street Number  Street Name (Include N. S. E. W. and Street Type Rc P. I. Way, etc.)  Apr #  Address was: Rested O Owned O Other O  Apr #  Applicant Service And O North Andress was: Rested O Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  Apr #  Applicant Service Andress of Owned O Other O  A			/	/
City State of Employment AND Income of Applicant Company Name  Landlord or Community Name  Street Name (Include N, S, E, W, and Street Type Rd P), Way, etc.)  Landlord or Community Name  Street Name (Include N, S, E, W, and Street Type Rd P), Way, etc.)  Landlord or Community Name  Name(s) on Lease:  RPELOVER RO OTHER SUITABLE SOURCE OF INCOME (Last 12 Months of History)  Landlord or Community Name  Name(s) on Lease:  RPPLICANT EMPLOYER OR OTHER SUITABLE SOURCE OF INCOME (Last 12 Months of History)  PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  City/State of Employment  Applicant's Position  Supervisor or Department  City/State of Employment  Applicant's Position  Supervisor or Department  CITY (MIDDLE INITIAL)  Birth Date:  (LAST) (RRST) (MIDDLE INITIAL)  Birth Date:  No  Vear of Conviction  County and State of Conviction  Vear of Conviction  County and State of Conviction  Offense and Details  Yes	PRESENT ADDRESS	(LAST <u>24</u> Mont	hs of Resident History required)	Address is: Rented O Owned O Other O
LANDLORD'S DAYTIME Phone # CURRENT MONTHLY RENT: \$ and/or MONTHLY MORTGAGE.\$  Landlord or Community Name  Name(s) on Lease:  If Own a home, state monthly mortgage amount: \$  PREVIOUS ADDRESS  Street Number  Street Number  Street Name (include N. S, E, W, and Street Type RP, Pl. Way, etc.)  Landlord or Community Name  Name(s) on Lease:  LANDLORD'S DAYTIME Phone # Landlord or Community Name  Name(s) on Lease:  LANDLORD'S DAYTIME Phone # Landlord or Community Name  Name(s) on Lease:  LANDLORD'S DAYTIME Phone # Landlord or Community Name  Name(s) on Lease:  APPLICANT EMPLOYER OR OTHER SUITABLE SOURCE OF INCOME (Last 12 Months of History)  PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  Company Name  City State of Employment AND Income of Applicant  Applicant's Position  Supervisor or Department  OTHER OCCUPANTS (if 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Wonth Day Year  OUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing? Yes No  Please take the bis occurred and explanation:  Do you own a pet? Yes No Cat or Dog: Weight:  The lacts sat forth in my application are true and complete. ICO Glendate Plast, LLC & The Screening Pros and/or law south from About the Applicant or and south makes on independent and reported back from such the details:  Yes No  Year of Conviction County and State of Conviction Offense and Details  The lacts sat forth in my application are true and complete. ICO Glendate Plast, LLC & The Screening Pros and/or law south information received, assembled on independent and other personal history. It underspace the completeness accuracy or convent of any such information received, assembled on investigation of my poseronal financial, credit record in the conviced dependent and or profess that for such his payer law complete and applicant to be used as my concern the applicant to an appendent and appendent to be used as my concern the independent	Street Number	Street Name (Include	de N, S, E, W, and Street Type Rd	l. Pl. Way, etc.) Apt #
LANDLORD'S DAYTIME Phone # CURRENT MONTHLY RENT: \$ and/or MONTHLY MORTGAGE.\$  Landlord or Community Name  Name(s) on Lease:  If Own a home, state monthly mortgage amount: \$  PREVIOUS ADDRESS  Street Number  Street Number  Street Name (include N. S, E, W, and Street Type RP, Pl. Way, etc.)  Landlord or Community Name  Name(s) on Lease:  LANDLORD'S DAYTIME Phone # Landlord or Community Name  Name(s) on Lease:  LANDLORD'S DAYTIME Phone # Landlord or Community Name  Name(s) on Lease:  LANDLORD'S DAYTIME Phone # Landlord or Community Name  Name(s) on Lease:  APPLICANT EMPLOYER OR OTHER SUITABLE SOURCE OF INCOME (Last 12 Months of History)  PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  Company Name  City State of Employment AND Income of Applicant  Applicant's Position  Supervisor or Department  OTHER OCCUPANTS (if 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Wonth Day Year  OUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing? Yes No  Please take the bis occurred and explanation:  Do you own a pet? Yes No Cat or Dog: Weight:  The lacts sat forth in my application are true and complete. ICO Glendate Plast, LLC & The Screening Pros and/or law south from About the Applicant or and south makes on independent and reported back from such the details:  Yes No  Year of Conviction County and State of Conviction Offense and Details  The lacts sat forth in my application are true and complete. ICO Glendate Plast, LLC & The Screening Pros and/or law south information received, assembled on independent and other personal history. It underspace the completeness accuracy or convent of any such information received, assembled on investigation of my poseronal financial, credit record in the conviced dependent and or profess that for such his payer law complete and applicant to be used as my concern the applicant to an appendent and appendent to be used as my concern the independent				
LANDLORD'S DAYTIME Phone # CURRENT MONTHLY RENT: \$ and/or MONTHLY MORTAGE:\$ Landlord or Community Name  Landlord or Community Name  Landlord or Community Name  Landlord or Community Name  Name(s) on Lease:  If Own a home, state monthly mortgage amount: \$.  PREVIOUS ADDRESS  Street Name (include N, S, E, W, and Street Type Rd. Pl. Way, etc.)  Applicant's Provided in the Community Name  Landlord or Community Name  APPLICANT EMPLOYER OR OTHER SUITABLE SOURCE OF INCOME (Last 12 Months of History)  PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  Company Name  (Last 12 Months of History)  PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  (COMPANY Source or Landlord or Community Name  Applicant's Position  Supervisor or Department  OTHER OCCUPANTS (if 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:	City		State ZIP Code	
Landlord or Community Name  Name(s) on Lease:  If Own a horne, state monthly mortgage amount: \$  PREVIOUS ADDRESS  Street Name (Include N, S, E, W, and Street Type Rd. Pl. Way, etc.)  Apt #  Landlord or Community Name  Name(s) on Lease:  CityState of Employment AND Income of Applicant  PLEASE LIST EMPLOYER S phone # - Should be number of Individual that can YERIFY Employment AND Income of Applicant  QROSS Income per MoNTH  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Supervisor or Department  OTHER OCCUPANTS (If 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Supervisor or Department  OUALIFYING QUESTIONS  No				to Present
Name(s) on Lesse:  If Own a home, state monthly mortgage amount: 5  PREVIOUS ADDRESS Street Name:  Street Name:  Street Name:  City  State  ZP Code  Month / year Moved In  Month / year Moved Out  to  Month / year Out  Applicant's Position  The RocCUPANTS (if 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INTIAL)  Sight Date:  (LAST) (FIRST) (MIDDLE INTIAL)  Birth Date:  Month Day Year  Out  QUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing?  If yes, state the date this coccurred and explanation:  Do you wan aprit Yes  No  Year of Conviction  County and Stats of Conviction  Offense and betails  The facts set orth in my application are true and complete. ICO Gendale Flats, LIC at The Screening Pros and/or its contractors or agents are hereby authors  monsterly on Applicant State of the machine Applicant of the Applicant for and the Applicant for the Lesse  to make any of Residential Rese Ployary. The undesequed that applicant to He applicant. The applicant show of t	LANDLORD'S DAYTII	ME Phone #	CURRENT MONTHLY RENT	: \$ and/or MONTHLY MORTGAGE:\$
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Landlord or Community Name	City		State ZIP Code	Month / year Moved In Month / year Moved Out
Landlord or Community Name				to
Name(s) on Lease:  APPLICANT EMPLOYER OR OTHER SUITABLE SOURCE OF INCOME (Last 12 Months of History) PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  Company Name  City/State of Employment  Applicant's Position  OTHER OCCUPANTS (If 18 or over, must complete an Application for Residency.)  Name:  (LAST)  (FIRST)  (MIDDLE INITIAL)  Birth Date:  (LAST)  (FIRST)  (MIDDLE INITIAL)  Birth Date:  (LAST)  (FIRST)  (MIDDLE INITIAL)  Birth Date:  (LAST)  (FIRST)  (MIDDLE INITIAL)  Month  Day Year  QUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing?  Yes  No  If yes, state the date this occurred and explanation:  Do you own a pet?  Yes  No  Year of Conviction  County and State of Conviction  Offense and Details  The lacts set forth in my application are true and complete. ICO Glendale Flats, LLC & The Screening Pros and/or its contractors or agents are hereby authorize independent warrany or representation, express or implied regarding the completens, accuracy or content of any such information received, assembled complete, such as a my of Residential Real Property. The undersigned further acknowledges that The Screening Pros and/or its contractors or agents are hereby authorize independent varrany or representation, express or implied regarding the completens, accuracy or content of any such information received, assembled complete, summarized or reported back from such third party sources to the Landdord and/or to the applicant. The applicant understands that, if accepted, the subsequent discovery of a false statement during the applicant of the remaind information received, assembled completed summarized or reported back from such third party sources to the Landdord and/or to the applicant. The applicant understands that, if accepted, the subsequent discovery of a false statement during the applicant of the explication and the processing fee of \$25.00 per applicant. The applicant has paid a holding deposit in the amount of \$2.00. for the rental of apartment #  Papel Last ReAD CAREFULLY: ICO Glendale Flats, LL	LANDLORD'S DAYTII	ME Phone #		
APPLICANT EMPLOYER OR OTHER SUITABLE SOURCE OF INCOME (Last 12 Months of History) PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  Company Name  City/State of Employment  Applicant's Position  Supervisor or Department  OTHER OCCUPANTS (If 18 or over, must complete an Application for Residency.) Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Month Day Year  QUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing? Yes No Cat or Dog:  Weight:  Yes No Cat or Dog:  Weight:  Yes No Cat or Dog:  Yes No Cat or Dog:  The facts set forh in my application are true and complete. ICO Glendale Flats, LLC & The Screening Pros and/or its contractors or agents are hereby authorize investigation of my personal, financial, credit record, litigation, business and other personal history in connection with this Application for the Lease to make any of Residential Real Property. The undersigned further acknowledges that The Screening Pros and/or its contractors and agents makes on independent warranny or representation, express or implied regarding the completency and for the properties. The undersigned further acknowledges that The Screening Pros and/or its contractors and agents makes on independent warranny or representation, express or implied regarding the completency and content of any such trains or received, assembled complied, summarized or reported back from such third party sources to the Landford and/or to the applicant. The applicant understands necessary by The Screening Pros and/or its contractors and agents makes on independent warranny or representation, express or implied regarding the completency or a false statement during the application from the paper properties. The torm may be protocopied or reported back from such third party sources to the Landford and/or to the applicant. The applicant understands that, if accepted, the subsequent flower yet a false statement during the app	() [		Landlord or Commi	unity Name
Last 12 Months of History PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  Company Name  City/State of Employment  Applicant's Position  Supervisor or Department  OTHER OCCUPANTS (if 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Name:  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Nonth Day Year  QUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing? Yes No  If yes, state the date this occurred and explanation:  Do you own a pet? Yes No Cat or Dog: Weight:  Have you ever been convicted of a crime? If Yes, please explain the details: Yes No  Year of Conviction  County and State of Conviction  Offense and Datalls  The facts set forth in my application are run and complete. ICO Glendale Flats, LLC & The Screening Pros and/or its contractors or agents are hereby authorize investigation of my personal, financial, credit record, lingation, business and other personal history in connection with this Application for the Lease to make any of Residential Real Property. The undersigned further acknowledges that The Screening Pros and/or its contractors and agents makes no independent warranty or representation, express or implied regarding the completeness, accuracy or content of any activation from the Lease to make any of Residential Real Property. The undersigned further acknowledges that The Screening Pros and/or its contractors and agents makes no independent warranty or representation, express or implied regarding the completeness, accuracy or content of any such information received, disembled compiled, summarized or reported back from such third party sources to the Landlord and/or to the applicant understands that, if accepted, the subsequent fixeness and other personal history. I understand that if I have a mortgage, the monthly mortgage payment will be included with the rental amount for qualifying for this apartment.  Papel Lease READ	Name(s) on Lease:			
PLEASE LIST EMPLOYER AS OF MOVE-IN DATE  Company Name  City/State of Employment  Applicant's Position  Supervisor or Department  OTHER OCCUPANTS (If 18 or over, must complete an Application for Residency,)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Wonth Day Year  QUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing? Yes No  If yes, state the date this occurred and explanation:  Do you own a pet? Yes No Cat or Dog: Weight:  Have you ever been convicted of a crime? If Yes, please explain the details: Yes No  Year of Conviction County and State of Conviction Offense and Details  The facts set forth in my application are true and complete. (CO Glendale Flats, LLC & The Screening Pros and/or its contractors or agents are hereby authorize investigation of my personal, financial, credit record, litigation, business and other personal history in connection with this Application for the Lease to make any of Residential Real Property. The undersigned further acknowledges that The Screening Pros and/or its contractors and agents makes no indepentent warranty or representation, express or implied regarding the completeness, accuracy or content of any such information received, assembled complete, summarized or reported back from such third party sources to the Landford and/or to the applicant. The applicant in received, assembled completed summarized or reported back from such third party sources to the Landford and/or to the applicant. The applicant in the rental amount for qualifying for this apartment.  Applicant Signature  PLEASE READ CAREFULLY: ICO Glendale Flats, LLC and Applicant acknowledge that applicant has paid herewith a non-refundable processing fee of \$25.00 per applicant. The applicant is not move in the holding deposits in t			BLE SOURCE OF INCOME	•
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Applicant's Position  Supervisor or Department  OTHER OCCUPANTS (If 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (FIRST) (MIDDLE INITIAL)  QUALIFYING QUESTIONS  Have you ever been evicted from Rental Housing? Yes No Month Day Year  Weight:  Yes, state the date this occurred and explanation:  Do you own a pet? Yes No Cat or Dog:  Weight:  Have you ever been convicted of a crime? If Yes, please explain the details: Yes No Month Day Year  Year of Conviction  County and State of Conviction  The facts set forth in my application are true and complete. ICO Glendale Flats, LLC & The Screening Pros and/or its contractors or agents are hereby authorize investigation of my personal, financial, credit record, fligitation, business and other personal history in connection with this Application for the Lease to make any of Residential Real Property. The undersigned further acknowledges that The Screening Pros and/or its contractors and agents makes no indepentent warranty or representation, express or implied regarding the completeness, accuracy or content of any busin information received, assembled compiled, summarized or reported back from such third party sources to the Landlord and/or to the applicant. The applicant understands that, if accepted, the subsequent discovery of a false statement during the application process is grounds for termination of lease. This is my alpert personal history. I understands that if I have a montgage, the monthly mortgage payment will be included with the rental amount for qualifying for this apartment.  Applicant Signature  PLEASE READ CAREFULLY: ICO Glendale Flats, LLC and Applicant acknowledge that applicant has paid a holding deposit in the amount of \$200_for the rental of apartment #	City/State of Employr	ment		\$ 7 7
OTHER OCCUPANTS (If 18 or over, must complete an Application for Residency.)  Name:  (LAST) (FIRST) (MIDDLE INITIAL)  Birth Date:  (LAST) (Month Day Year   Birth Date:  (LAST) (Month Day Year  Birth Date:  (LAST) (Month Day Year  Birth Date:  (LAST) (Month Day Year  Birth Date:  (LAST) (Month Day Year				· · · · · · · · · · · · · · · · · · ·
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QUALIFYING QUESTIONS Have you ever been evicted from Rental Housing? Yes		(FIRST)	(MIDDLE INITIAL)	
QUALIFYING QUESTIONS Have you ever been evicted from Rental Housing? Yes No	Name		,	Pinth Para
Have you ever been evicted from Rental Housing? Yes No		(FIRST)	(MIDDLE INITIAL)	
Have you ever been evicted from Rental Housing? Yes No	QUALIFYING QUESTI	IONS		
Do you own a pet? Yes No Cat or Dog: Weight:		-	sing? Yes	No
Have you ever been convicted of a crime? If Yes, please explain the details:  Yes	If yes, state the date t	this occurred and expla	nation:	
The facts set forth in my application are true and complete. ICO Glendale Flats, LLC & The Screening Pros and/or its contractors or agents are hereby authorize investigation of my personal, financial, credit record, litigation, business and other personal history in connection with this Application for the Lease to make any of Residential Real Property. The undersigned further acknowledges that The Screening Pros and/or its contractors and agents makes no indepentent warranty or representation, express or implied regarding the completeness, accuracy or content of any such information received, assembled compiled, summarized or reported back from such third party sources to the Landlord and/or to the applicant. The applicant understands that, if accepted, the subsequent discovery of a false statement during the application process is grounds for termination of lease. This form may be photocopied or reproduced as necessary by The Screening Pros and/or its contractors and agents to be used as my consent to release credit, rental, financial, personal, litigation, business and other personal history. I understand that if I have a mortgage, the monthly mortgage payment will be included with the rental amount for qualifying for this apartment.    Date   Da	Do you own a pet?	Yes No C	cat or Dog: Weight:	<u> </u>
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