



## MILITARY RENTAL APPLICATION

Neighborhood Name: Address Leased:																
Priority (	Code:					Leasing										
Total # of Occupants: Da				ate Needed:				# of Bedrooms:				T	Type of Home:			
		DI ICAN	In on Cu. if analooddo													
Resident #1 Last Name:  APPLICANT (Include .									Resident #2 Last Name:							
First Nar	Single/Married:				First Name:					Single/Married:						
S.S.N.:				D.O.B.:				S.S.N.:				D.O.B.:				
Duty Station:				Branch:				Duty Station:				Branch:				
Pay Grade:				PRD:				Pay Grade:				PRD:				
Unit/Org/Squadron:				Rank:				Unit/Org/Squadron:					Rank:			
Duty Phone: Cell Phone:				Other Phone:				Duty Phone:			Cell Phone:			Other Phone:		
Email:									Email:							
Vehicle: Make Model				Year Plate				Vehicle: Make Model				Y	ear		Plate	
Current Street Address:								Current Street Address:								
City: State: Zip:								City: State: Zip:								
		PEI	RSON(S)	TO OC	CCUPY T	N ADDITI	ON TO T	THE API	PLICANT:							
Name				Relationship			Gender	SSN (age 18+) Date of Birth			V	Vehicle Make/Model/Year & Plate #				
				1												
Is any pe	rson above a registere	nent to r	ex offender under the laws of any state? Yes No													
Pet #1:	Type: Breed:			Size:		Color:		Pet #2: Type:		Breed:		Size:		Color:		
Yes							Yes									
No			IN CAS	SE OF EN	/EDCI	ENCV. I	harahy giya	No	aantaat t	ha indivi	dual(a) balay	***				
Local Co	ontact Name (Other tha	n House			ILKOI	51 <b>VC</b> 1 . 1	i nereby give	consent to contact the individual(s) below:  Relationship:								
Address:									Phone Numbe				<u></u> ਰਾ:			
		KNOW	T AND AGREEMENT													
Applicant a	agrees that Fort Sam Prope	erty Manag	gers, LLC, a I	DE LLC , its							date said home i	s ready	for occupant	cy. Applica	nt represents that all the	
Applicant agrees that Fort Sam Property Managers, LLC, a DE LLC, its Authorized Agent (FSPM), 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 FSPM 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 FSPM of any material change in the information provided on this Application. FSPM 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. FSPM 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 Screening Reports, Inc, 220 Gerry Drive Wood Dale, IL 60191 Phone (888) 219-9102. 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 FSPM policy. Additionally, I authorize FSPM 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 FSPM, its agents, and/or its attorneys to obtain additional consumer investigative reports t																
ALL AD	OULT APPLICANTS	Date:	Date:													
Date:								Date:								
Management Representative Signature: Date:								Time Received:								
O Approved O Denied								By: Date:								
Applicati		Time:				Address:										