

ERA MARTIN APPLICATION <u>Non-Refundable</u> App. Fee = <u>\$25 CASH OR MO</u> ONLY

To qualify, complete application and attend showings. One application applies to any unit. List the **FULL NAME & DOB** OF **EVERYONE** who will live on the property, **INCLUDING children**.



FIRST NAME	(PRINT)	MIDDLE	LAST NAME (PR	RINT)	MAIDEN I	NAME	BIRTH I	DATE	SSN# (Adults	only)	
	()	INITIAL		,						<u></u> /	
Other names	s used:							Anyc	ne smoke/vap	e? YES/	
									u have ANIMAL	S? YES /	
								-	*Violating pet po		
			Phone						or eviction! You animals in NO P		
			FIIOIR	- #						ers units.	
Applicant 1 Name:					Applicant 2	Name:					
Address: City, State:					Address: City, State:						
	ircle: Own/Rent/Relative From: To:				-	Circle: Own/Rent/Relative From: To:					
Landlord Name:					Landlord Name:						
Rent \$ LL Phone:				Rent \$ LL Phone:							
Why moving:					Why moving:						
Last Address:					Last Addre	ess:					
City, State:					City, State	:					
Circle: Own/Rent/Relative From: To:				Circle: Own/Rent/Relative From: To:							
Landlord Name:					Landlord N	Name:					
Rent \$	Rent \$ LL Phone: Rent \$			LL Phone:							
Other addresses	in last 10 ye	ars:									
				-				-			
MILITARY A	nyone ever i	n the milit	tary? YES / NO	Branch	1			Still o	n active duty?	YES / N	
BANKING Do yo	u have: CHE	CKING?	YES / NO SAV	INGS? Y	ES / NO	Bank:					
OANS	DANS Lender/Bank		Monthly Payment		Current Ba	lance	Business Use:		Pd [
Mortgage			\$		\$		Bkg				
Auto Loans			\$		\$		POI Att		ached [
Credit Cards				\$		\$		Γ	Q4 =	S8:	
Student Loan				\$		\$				L	
Personal/Other				\$		\$					

Employment - attach proof of income (check stubs, bank statements, benefits letter, etc. for 1 month)									
	Adult 1 Name:		Adult 2 Name:						
Employer									
Address									
Job Title			Job Title						
Dates	To:	Phone	Dates	То:	Phone				
Рау	Amt \$	Pd every: wk / 2 wk / mo	Amt \$	Pd e	very: wl	x / 2 wk / m	0		
Last Job									
Address									
Job Title			Job Title						
Dates	То:	Phone	Dates	То:	Phone				
Рау	Amt \$	Pd every: wk / 2 wk / mo	Amt. \$	Pd e	every: w	k / 2 wk / m	10		
Other Inc	Other Income: Amount: \$ (circle) wk / bi-wk / mo [] SS/SSI/Disability [] Retirement/Pension								
Source of	Source of Other Income (explain): [] Metro/Section 8 /Other								
Please cire	cle <u>YES</u> or <u>NO</u> to the follo	wing questions: HAVE YOU	U EVER:			Adult 1	Adult 2		
Filed bank	kruptcy? Date:	Place:				YES / NO	YES / NO		
Received	a foreclosure notice? Add	ress:	Date	e:	YES / NO	YES / NO			
Had any p	ortion of your security de	posit withheld? If yes, explain b	elow.		YES / NO	YES / NO			
Been evic	ted, got an eviction notice	, OR BEEN ASKED TO LEAVE a u	nit? If yes	, explain & list county b	elow.	YES / NO	YES / NO		
Willfully o	r intentionally refused or	explain below.	YES / NO	YES / NO					
Been conv	explain & list county be	YES / NO	YES / NO						
Cited for u	use, possession, manufact	ure or distribution of a controlle	ed substan	ce/drugs? Explain below	ν.	YES / NO	YES / NO		
EXPLAIN A	ANY <u>YES</u> answers above.	List county/year/charge.							
		list <u>county</u> , year, and get							
EMERGEN				Phone	Re	ationship			
	ICY CONTACTS : Name	Address		Phone	Re	ationship			
1.				Phone	Re	ationship			
 1. 2. I declare the declare the declare the declare the declare the declared set of the	ICY CONTACTS : Name hat all information is true bund check. I agree to pay	Address Address and correct, authorize its verific y the landlord a <u>non-refundable</u> te landlord may terminate any a te or unpaid applications will no	screening greement	the obtaining of a credit g fee of \$ <u>25 payable in c</u> entered into in reliance	report, ash or N on any I	criminal his Ioney Orde nisstateme	r ONLY nt made		

CO-APPLICANT	 Driv. Lic. #	 TODAYS DATE	

* Submit application, one month check stubs or other proof of income, and \$25 to our office at 151 E. Main Street. *