



TENANT APPLICATION FORM

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.