

## Applicant Information

Notice: All applicants 18 years or older must complete a separate application for rental.

_____	_____	_____	_____
Last Name	First Name	M. Initial	
_____	_____	_____	_____
Social Security Number	Date of Birth	Driver's License #	DL License State
_____	_____	_____	_____
Cell Phone	Home Phone	Work Phone	Email
_____			
What is your desired village?			
_____	_____	_____	_____
Desired Move In Date	Wescoat Village	Shenandoah Square	How did you hear about us? Enter name and address of resident referral.

## Current Address

Please also provide previous address below if you've lived less than 1 year at current address.

_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Date In	Date Out	Landlord Name	Landlord Phone
_____	_____	_____	_____
Monthly Rent	Reason For Leaving	_____	

## Previous Address

Please provide previous address if you've lived less than 1 year at current address.

_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Date In	Date Out	Landlord Name	Landlord Phone
_____	_____	_____	_____
Monthly Rent	Reason For Leaving	_____	

## Employment & Income Information

Please provide previous employer if you've worked less than 1 year at current occupation.

1. Current Occupation \_\_\_\_\_ Employer/Company \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Annual Salary \_\_\_\_\_ Start Date \_\_\_\_\_ Supervisor Name \_\_\_\_\_

2. Previous/Additional Occupation \_\_\_\_\_ Employer/Company \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Annual Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Supervisor Name \_\_\_\_\_

1. Other Income Description \_\_\_\_\_ Annual Income \_\_\_\_\_

2. Other Income Description \_\_\_\_\_ Annual Income \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Other Information

Are you a smoker? Yes No Do you have a water bed? Yes No

Do you require any special accommodations? If so, please provide additional information regarding your special housing needs.

## Background Information

Have You Ever? [Check all that apply]

Filed for bankruptcy? \_\_\_\_\_ Been evicted from tenancy? \_\_\_\_\_ Willfully or intentionally refused to pay rent when due? \_\_\_\_\_

Been convicted of a crime? \_\_\_\_\_ If yes, when? \_\_\_\_\_



## Dependent Information

Over 18 Years of Age

Note: All other occupants over 18 must provide a separate rental application.

Name [Last, First, M.I.]	Email	Gender	Date of Birth	Social Security Number

Under 18 Years of Age

Name [Last, First, M.I.]	Relationship	Gender	Date of Birth	EMFP Family Member? Other Remarks?

## Vehicle Information

Year	Make	Model	Color	License Plate	State

## Pet Information

Name	Type	Age	Color	Breed	Weight

FOR OFFICE USE ONLY

\_\_\_\_\_  
Date of Application Received

\_\_\_\_\_  
Date of Decision Approval

\_\_\_\_\_  
Date of Credit Decision Approval

\_\_\_\_\_  
Unit Type Requested

\_\_\_\_\_  
Monthly Rent

\_\_\_\_\_  
Holding Fee Amount

\_\_\_\_\_  
RS Initials



## Consumer Report Waiver

I authorize Michaels Management Services (“us” or “we”) through Leasing Desk Screening to verify the information above and to obtain a rental report that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, criminal background searches, social security number verification, fraud warnings, previous tenant history, and employment history. I authorize Michaels Management Services and its agents to request and disclose information to previous or subsequent (actual and prospective) landlords and property management companies. I agree to provide additional information upon request.

While Michaels Management Services may obtain criminal history checks on potential residents, Michaels Management Services has no duty to do so, and does not warrant or guarantee the personal safety of any resident, occupant, guest or other person in the Community.

I understand that I can request a copy of the rental report by mail or email which will be deemed received upon being sent.

I request a copy of the rental report obtained. It can be sent to me at the following address:

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I decline a copy of the rental report obtained.

I certify that I have read and fully understand my rights under the FCRA available at <https://www.on-site.com/renter-relations/>.

Leasing Desk Screening can be contacted by visiting 866.934.1124 by phone, at [consumer.relations@leasingdesk.com](mailto:consumer.relations@leasingdesk.com), or by mail at 2201 Lakeside Boulevard, Richardson, Texas, 75082.

### Summary of Rights Under the California Investigative Consumer Reporting Agencies Act | California Civil Code § 1786.22

You have a right under California law to inspect files maintained on you by an investigative consumer reporting agency pursuant to any of the following procedures, during normal business hours and on reasonable notice:

1. You may personally inspect the files if you provide proper identification (e.g., valid driver’s license, social security account number, military identification card, credit cards) and may receive a copy of the file for the actual cost of duplication services provided.
2. You may make a written request, by certified mail and with proper identification, as described above, for copies to be sent to a specified addressee.
3. You may make a written request, with proper identification as described above, for telephone disclosure of a summary of information contained in your files, if any toll charge is prepaid by or charged directly to you.

If you are unable to provide “proper identification” through the types of cards or numbers listed above, the agency may require additional information concerning your employment and personal or family history in order to verify your identity.

The agency must provide trained personnel to explain to you any information that the agency is required to furnish to you from your file. The agency also must provide you with a written explanation of any coded information contained in your files at the time your file is provided to you for inspection. You are permitted by law to be accompanied by one other person of your choosing when inspecting your files. That person must furnish reasonable identification. The agency may require you to provide the agency with a written statement granting permission to the agency to discuss your file in such person’s presence. The agency also is not required by law to make available to you the sources of information in your files, although such information would be obtainable through discovery procedures in any court action brought under the Investigative Consumer Reporting Agencies Act.

## Application Verification and Submission

By submitting this application, the applicant warrants that all of the information contained in this application is true and correct to the best of applicant’s knowledge. Applicant understands and agrees that if it is later discovered that applicant falsified any information in this application, it could result in termination of the applicant’s tenancy. **I understand that a \$35.00 non-refundable fee to process the application will be required prior to processing for each applicant in the household 18 and over. This application is valid for 90 days. If this application is denied for any reason, the holding fee will be refunded to the applicant. If the application is approved, the applicant will have 72 hours from the date of notification to cancel and receive a refund. Cancellations that occur after 72 hours of notification will result in a forfeiture of the holding fee.**

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Applicant Signature

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Date

Please email your completed application and supporting documents to [moffettapps@tmo.com](mailto:moffettapps@tmo.com).

