

Applicant	How did you hear about us:				Move in Date Requested / /			
	Name:				Date of Birth: / /			
	Home Phone:			Work Phone:		Cell Phone:		
	Current Address:				City:		Zip:	
	From: / To: /		Landlord:		Landlord Phone:		Rent \$:	
	Reason For Leaving:				30 Day Notice: Yes / No		Date Notice Given: / /	
	Prior Address:				City:		Zip:	
	From: / To: /		Landlord:		Landlord Phone:		Rent \$:	
	Reason For Leaving:				30 Day Notice: Yes / No		Date Notice Given: / /	
	Social Security Number		Print Social Security Number Clearly		SS# Issued From What State:			
			- -		Car Make & Year		Drivers License #	Car Color
							Vehicle License #	
	Applicants Employer:				Employee ID #:			
	Work Address:				How Long: yrs mo.			
Supervisors Name:			Sup. Phone #:					
Monthly Salary:			Job Title:					

Co-Applicant	Size of Apartment Wanted:				Move in Date Requested: / /			
	Name:				Date of Birth: / /			
	Home Phone:			Work Phone:		Cell Phone:		
	Current Address:				City:		Zip:	
	From: / To: /		Landlord:		Landlord Phone:		Rent \$:	
	Reason For Leaving:				30 Day Notice: Yes / No		Date Notice Given: / /	
	Prior Address:				City:		Zip:	
	From: / To: /		Landlord:		Landlord Phone:		Rent \$:	
	Reason For Leaving:				30 Day Notice: Yes / No		Date Notice Given: / /	
	Social Security Number		Print Social Security Number Clearly		SS# Issued From What State:			
			- -		Car Make & Year		Drivers License #	Car Color
							Vehicle License #	
	Applicants Employer:				Employee ID #:			
	Work Address:				How Long: yrs mo.			
Supervisors Name:			Sup. Phone #:					
Monthly Salary:			Job Title:					

Occupants	Full Names (All Others)		Age	Relationship	Social Security #
	1.				
	2.				
	3.				

Have you ever had or been a party to any of the following	<input type="checkbox"/> Unlawful Detainer	<input type="checkbox"/> 3 Day Notice to Pay	<input type="checkbox"/> Collection Accts	<input type="checkbox"/> 30/60 Day Late
	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Felony Conviction		

Note: This application will not be processed if it is not filled in completely, signed, and the credit check fees attached. The fees are \$35 per adult for every occupant 18 years or older. Cashiers Check or Money Orders will be accepted and must be made out to LEFEVER MATTSON.

Pet	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Fish	<input type="checkbox"/> Bird	Number	Description
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References	Full Name:	Relationship:	Phone Number:
	Full Name:	Relationship:	Phone Number:
	Full Name:	Relationship:	Phone Number:

Receipt For Tenant Screening And Credit Check Fees	Receipt For Application Screening and Credit Checking Fees	
	<p>LeFever Mattson Property Management has received \$ _____ from Owner the property indicated on line one of the first page of this application, hereinafter called "Applicant," who offers to rent _____</p> <p>Above payment is to be used to screen "Applicant" with the following background information. The amount charged is as itemized as follows:</p> <ol style="list-style-type: none"> 1. Actual cost of credit report, unlawful detainee reports.....\$ 8.00 2. Cost to obtain, process and verify screening information..... \$ 27.00 (May include staff time and other soft costs) 3. Total fee charged per individual (may not exceed \$35.00).....\$ 35.00 <p>"Applicant" authorized verification of information such as credit reports, which may include, but are not limited to, tenant screening, background and credit checking.</p>	Fee Waived for Website Applicants

Signatures	Authorization to Release Information & Perform Applicant Screening	
	<p>The information on this application is true and correct to the best of my knowledge. I hereby authorize LeFever Mattson Property Management and/or their agents to verify the above information and obtain either a consumer or investigative credit report or any other type of report they deem necessary. I authorize any and all grantors of credit or previous and current landlords to release any or all information. Applicants understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above. Make checks payable to LEFEVER MATTSON.</p>	
	Applicant:	Date: / /
Co-Applicant:	Date: / /	