

CAMBRIDGE MANAGEMENT SERVICES, INC. LEASING APPLICATION
Release of Information and Authorization for Verification of Application



Unmarried co-applicants must fill out a separate release

Marital Status: Married Single

Name _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First MI Jr,Sr Prior

Driver's License # _____ State _____

Name _____ SS# _____ - _____ - _____ DOB ____/____/____
Last First MI Jr,Sr Prior

Driver's License # _____ State _____

Present Address:

Street Apt# City State Zip Code

Please provide a previous address if you have lived at your current address for less than 24 months

Previous Address:

Street Apt# City State Zip Code

Cell Phone #: _____ Home Phone #: _____

Work Phone #: _____

Have you ever had an eviction filed against you?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever left owing money to any owner or landlord?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you or any occupants ever been convicted of, arrested for, put on probation for, or had adjudication withheld or deferred for a felony offense?

Applicant: Yes ___ No ___ Spouse: Yes ___ No ___ Occupant: Yes ___ No ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute a criminal offense under the laws of this State. I/We hereby release **GrandeVille at Cascade Lake** and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquires. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant Signature

Date

Spouse Signature

Date