

Rental Application Instructions

Please note that in order to live in The Lodge or The Plaza, this Rental Application **and** the Student Occupancy Agreement must be read and filled out.

Please refer to the cover page of the Student Occupancy Agreement for instructions specific to that document and for other requirements for student housing.

Once both documents have been completed, the student is to send the documents, along with the rental application fee, to:

Property Reserve, Inc.
c/o Horne's Lodging Properties
Attn: Manager of Student Housing
122 West South Temple
Salt Lake City, Utah 84101



RENTAL APPLICATION

First 2 lines in grey are for internal office use only • Please Print Clearly in Ink • List All Information Including Phone Numbers.

Date Application Sent:	Date Application Approved:
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Date Application Received:

Applicant				GENERAL INFORMATION				Spouse			
Last		First		Middle		Last		First		Middle	
Social Sec. Num.	Date of Birth	Driver's License #.	State	Social Sec. Num.	Date of Birth	Driver's License #.	State	Social Sec. Num.	Date of Birth	Driver's License #.	State
Year, Automobile, Make, Model				License Plate #	Year, Automobile, Make, Model				License Plate #		

RESIDENTIAL HISTORY											
Present Address and Apartment #						Start Date		Your Phone # ()		Monthly Pmt. \$	
City						State		Zip		Owner/Apartment Complex	
						Phone # ()		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family		Reason For Moving?	
<small>Previous Address(s) (if residing in present address less than 2 years)</small>											
Previous Address and Apartment #						Start Date		End Date		Monthly Pmt. \$	
City						State		Zip		Owner/Apartment Complex	
						Phone # ()		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family		Reason For Moving?	
Previous Address and Apartment #						Start Date		End Date		Monthly Pmt. \$	
City						State		Zip		Owner/Apartment Complex	
						Phone # ()		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Family		Reason For Moving?	

Applicant			OTHER INCOME SOURCE			Spouse		
Gross Net Income \$	Month \$	Year \$	Gross Net Income \$	Month \$	Year \$	Gross Net Income \$	Month \$	Year \$
Explain Income Source:			Explain Income Source:			Explain Income Source:		

Applicant				EMPLOYMENT HISTORY				Spouse			
Present Employer's Name and Address				Check if Self Employed <input type="checkbox"/>		Spouse's Present Employer's Name and Address				Check if Self Employed <input type="checkbox"/>	
City				State		City				State	
Position/Title				Hire Date		Position/Title				Hire Date	
Salary				<input type="checkbox"/> Hr. <input type="checkbox"/> Mth		Salary				<input type="checkbox"/> Hr. <input type="checkbox"/> Mth	
<small>If employed for less than two years or currently in more than one position, include 24 months of employment history</small>											
Previous Employer's Name and Address				Check if Self Employed <input type="checkbox"/>		Spouse's Previous Employer's Name and Address				Check if Self Employed <input type="checkbox"/>	
City				State		City				State	
Position/Title				Start Date		Position/Title				Start Date	
End Date				Salary		End Date				Salary	
<input type="checkbox"/> Hr. <input type="checkbox"/> Mth				<input type="checkbox"/> Hr. <input type="checkbox"/> Mth		<input type="checkbox"/> Hr. <input type="checkbox"/> Mth				<input type="checkbox"/> Hr. <input type="checkbox"/> Mth	

MISCELLANEOUS INFORMATION													
Names of Other Occupants				Age	Social Security #				Drivers License #				
1													
2													
3													
Pets (list each pet you own)													
Checking Account #				Bank/Branch				Phone: ()				<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Checking Account #				Bank/Branch				Phone: ()				<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Have you ever filed bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been evicted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When / Where:									
In Case of Emergency, Notify:						Phone: ()							
How did you learn about this property?													

PERSONAL REFERENCES											
Name				How Long				Phone# ()			
Name				How Long				Phone# ()			

Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items including but not limited to credit, employment, past employment, income bank account, rental history, and criminal background information, all persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income. I further agree that a photocopy of this authorization may be accepted with the same authority as the original.

Applicants Signature	Date	Spouse Signature	Date
Agent for Owner Signature	Date		