

**Associated Island Brokers, Inc.**

202 Center Avenue, Ste. 101, Kodiak, AK 99615 Office: (907) 486-2000 Fax: (907) 486-4016 Email: aibi@ptialaska.net

**RESIDENTIAL LEASE APPLICATION**

Each applicant and co-applicant 18 years or older must submit an application

**Property Information**

Property Address	Desired Move in date	Monthly Rent Amount	Date of submission
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**Applicant History**

Applicant's Full Name (Last, First, Middle Initial)		Date of Birth	Social Security Number	Driver's License #
Phone # (Home/Cell)	Phone # (Work)		Email:	
Co-Applicant's Full Name (Last, First, Middle Initial)		Date of Birth	Social Security Number	Driver's License #
Phone # (Home/Cell)	Phone # (Work)		Email:	

<b>Applicant's Present Address</b> (include: City, State and Zip)			Dates: From - To	
Monthly Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Apartment <input type="checkbox"/> House	
Present Landlord's Name	Address	City	Zip	Phone #

<b>Applicant's Prior Address</b> (include: City, State and Zip)			Dates: From - To	
Monthly Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Apartment <input type="checkbox"/> House	
Prior Landlord's Name	Address	City	Zip	Phone #

**Proposed Occupants**

1 - (Last, First, Relationship)	Date of Birth	3 - (Last, First, Relationship)	Date of Birth
2 - (Last, First, Relationship)	Date of Birth	4 - (Last, First, Relationship)	Date of Birth
Does Applicant or any Proposed Occupant smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you own a pet? <input type="checkbox"/> YES <input type="checkbox"/> NO Number of pets: _____			
Type/Breed of pet:			

**Employment**

<b>Current Employer</b> (name of business and address)			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income / Source \$	

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(continued)

<b>Prior Employer or 2<sup>nd</sup> Employer</b> (name of business and address)			
Position	Type of Business	Dates: From - To	Monthly Income
Supervisor	Supervisor Phone	Other Income / Source \$	

**Personal/Vehicle Info**

In case of emergency, please notify: (name, address & phone number)		Relationship	
Auto Make	Model	Year	License # State
Reason for relocation?		Do you have renter's insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	

**References**

Name	Address	Contact #	Relationship
Name	Address	Contact #	Relationship
Name	Address	Contact #	Relationship

**Other Information**

Does anyone who will occupy the Property SMOKE?  Yes  No

Is anyone who will occupy the Property in the MILITARY?  Yes  No

HAS APPLICANT EVER:

Been EVICTED?  Yes  No

Been asked to move out by a LANDLORD?  Yes  No

Breached a lease or rental agreement?  Yes  No

Filed for bankruptcy?  Yes  No

Lost property in a foreclosure?  Yes  No

Had any credit problems?  Yes  No

Been convicted of a crime?  Yes  No

Is any occupant a registered sex offender?  Yes  No

Are there any criminal matters pending against any occupant?  Yes  No

Is there additional information applicant(s) want considered?  Yes  No

Other: \_\_\_\_\_

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**RESIDENTIAL LEASE APPLICATION**

(continued)

**Consent to Verification of Credit and Other Information**

Please leave a copy of your Driver’s License or other picture identification. All information must be complete. Failure to provide complete information, including names, addresses, and phone numbers will delay the processing of this application. Application are held in the office no more than 3 months.

I warrant, to the best of my knowledge, all the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination of my Lease with Owner.

I understand and agree: (i) this is an application to rent only and does not guarantee that I will be offered the Property, and (ii) Landlord or Manager or Agent may accept more than one application for the Property and, using their sole discretion, will select the best qualified applicant. I hereby authorize the Landlord or Manager or Agent to verify the information provided and obtain a credit report on me.

Applicant authorizes any agent of Associated Island Brokers, Inc., or Landlord and Landlord’s agent, at any time before, during or after any tenancy, to (1) Obtain a copy of Applicants credit report; (2) Obtain a criminal background check related to Applicant and any occupants; and (3) verify any rental, employment, or criminal history or verify any other information related to this application with personal knowledgeable of such information.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RENTAL APPLICANT REFERENCE FORM**

- This form is used to obtain information regarding the rental history of Applicants for rental housing. The information provided by the current or former Owner/Agent may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the applicant before obtaining the information. Such authorization is granted if Applicant’s signature is provided in Section 2. Copies of this form and of the Applicant’s signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

**1. Person Requesting the rental reference**

**ASSOCIATED ISLAND BROKERS, INC.**

202 Center Avenue, Ste. 101

Kodiak, AK 99615

Phone: (907) 486-2000 Fax: (907) 486-4016 Email: aibi@ptialaska.net

**2. Authorization by rental applicant for the release of information (TO BE SIGNED BY THE APPLICANT)**

I hereby authorize the release of the information requested on this Rental Applicant Reference Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.

Name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* PORTION BELOW TO BE FILLED OUT BY LANDLORD\*\*\*\*\*

**3. Applicant’s rental information**

Name of Rental \_\_\_\_\_

Address of rental unit \_\_\_\_\_

Name of Owner/Agent \_\_\_\_\_

Move-in date: \_\_\_\_\_ Move-out date: \_\_\_\_\_

**4. Rental reference information**

Did Applicant live at your property during the period indicated above?.....  Yes  No

If no, what were the dates of occupancy? \_\_\_\_\_

How many times during the lease did Applicant pay the rent late?.....  0  1-2  3-5  6 or more

Was any check from Applicant returned due to non-sufficient funds (NSF)?.....  Yes  No

Did you ever file for unlawful detainer against Applicant for unpaid rent?.....  Yes  No

If yes, what was the result? \_\_\_\_\_

Does Applicant owe any amount for delinquent rent, utilities or damage to unit?.....  Yes  No

Did Applicant provide notice for ending tenancy according to the terms of the rental agreement?.....  Yes  No

Information provided by: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Please mail, email or fax this form to Associated Island Brokers, Inc. (within 24-48 hours)**