



4515 Harrison Blvd
Ogden, UT, 84403

Phone: (801) 479-6670 Fax (801) 479-0228

Manager: Marilyn Hernandez
www.brookhollowapts.com

1-- \$ 35.00 Application fee per Applicant. **IN THE FORM OF A MONEY ORDER OR CASHIERS CHECK. NO CASH**
2-- Copy of valid driver's license or proper Identification.
3-- Copy of two most recent pay stubs for income verification.
4-- A letter of reference from a previous landlord (see Attachment)
5-- The lease must be signed and the security deposit paid by certified cashier's check, money order, or debit card within 72 hours to hold the unit. **NO PERSONAL CHECKS OR CASH WILL BE ACCEPTED.**

Lease Option: 12 Months

Move-in date : / /

MOVE-IN INFORMATION

APPLICANT INFORMATION

First Name : _____ Last Name : _____
SSN : - - Birth Day : / /
Phone : () - Cell Phone : () -
Driver License : _____ Do you Smoke?: Yes No
Current Address: _____
City : _____ State : _____ Zip Code : _____
Current Apt Manager : _____ Phone : () -
Start Date : / / End Date : / /
Reason for leaving : _____
Email : _____

CO-APPLICANT INFORMATION

First Name : _____ Last Name : _____
SSN : - - Birth Day : / /
Phone : () - Cell Phone : () -
Driver License : _____ Do you Smoke?: Yes No
Current Address: _____
City : _____ State : _____ Zip Code : _____
Current Apt Manager : _____ Phone : () -
Start Date : / / End Date : / /
Reason for leaving : _____
Email : _____

OTHERS WHO WILL BE LIVING IN THIS PROPERTY

Name : _____ Relationship : _____
Name : _____ Relationship : _____
Name : _____ Relationship : _____

APPLICANT EMPLOYMENT HISTORY

Employer : _____
Address : _____
City : _____ State : _____ Zip Code : _____
Manager/Supervisor : _____ Phone : () - _____
Start Date : ____ / ____ / ____ End Date : ____ / ____ / ____
Reason for leaving : _____

CO-APPLICANT EMPLOYMENT HISTORY

Employer : _____
Address : _____
City : _____ State : _____ Zip Code : _____
Manager/Supervisor : _____ Phone : () - _____
Start Date : ____ / ____ / ____ End Date : ____ / ____ / ____
Reason for leaving : _____

APPLICANT ADDITIONAL INCOME : Part Time Job or Cash - Flow Investment

Employer : _____
Income Source: _____ Amount: _____
Verify with : _____ Phone : () - _____

APPLICANT BANKING INFORMATION

Bank : _____ Acct # : _____ Amount : _____
Bank : _____ Acct # : _____ Amount : _____
Bank : _____ Acct # : _____ Amount : _____

APPLICANT PERSONAL REFERENCES

Name : _____ Relationship : _____ Phone : () - _____
Name : _____ Relationship : _____ Phone : () - _____
Name : _____ Relationship : _____ Phone : () - _____

AUTOMOBILE INFORMATION

Make : _____ Model : _____ Plate : _____
Make : _____ Model : _____ Plate : _____

PET INFORMATION

Type : _____ Breed : _____ Weight : _____
Type : _____ Breed : _____ Weight : _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Describe and Date each incident:

Have you ever evicted, declared bankruptcy or had a judgement? Describe and Date each one: _____

_____(Initials) I agree to the following statement - I represent that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.

_____(Initials) I agree to the following statement - I understand that the information provided might be used by Landlord to determine whether to accept this application. I authorize Landlord to verify all the information given in this application, including past rental information, personal references and employment information provided. I authorize the Landlord to obtain a current credit and criminal background check.

_____(Initials) I agree to the following statement - I understand that this application is not a rental agreement and that this application does not create any obligation for the Landlord.

The undersigned represent that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.

Print Name : _____ Signature : _____ Date : ____/____/____

Print Name : _____ Signature : _____ Date : ____/____/____