

RESIDENT APPLICATION

Ben Marsh & Assoc.
2550 Denali Ste1310
Anchorage, AK 99503
(907) 278-3615
(907) 276-8801 fax

Property Applying For: _____
Requested Move-In Date: _____

Last Name: _____ First: _____ Middle: _____
SSN: _____ Drivers License: _____
Date of Birth: _____ Phone #: () _____
Text Service on Cell Yes No Cell #: () _____
Email: _____

Current Address: _____
City _____ State: _____ Zip: _____
Landlord: _____ Phone # () _____
How long? From: _____ To: _____ Current Payment: _____
Reason for Leaving: _____

Previous Address: _____
City _____ State: _____ Zip: _____
Landlord: _____ Phone # () _____
How long? From: _____ To: _____ Current Payment: _____
Reason for Leaving: _____

Current Employment: _____
Street Address: _____
City _____ State: _____ Zip: _____
Supervisor: _____ Phone # () _____
How long? From: _____ To: _____
Income: _____ per Week Month Year

Previous Employment: _____
Street Address: _____
City _____ State: _____ Zip: _____
Supervisor: _____ Phone # () _____
How long? From: _____ To: _____
Income: _____ per Week Month Year

List ALL additional occupants - include age of minor children.

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

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

Pets: Description/Weight _____
Description/Weight _____

Have you ever been evicted? Yes No Foreclosure/Repossession? Yes No

If yes, explain _____

Have you ever filed for bankruptcy? Yes No If yes, Chapter 7 Chapter 13

If yes, explain _____

Have you been convicted of a felony? Yes No

If yes, explain _____

In case of emergency, name and address of two nearest relatives not living with you:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Phone Number: () _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____ Phone Number: () _____

Applicant has submitted the sum of **\$30.00**, which is a non-refundable payment for a credit check, and processing of this application by the Landlord or his/her agent. This sum does not represent a rental payment or payment of the lease fee. In the event that this application is disapproved, or applicant cancels, this sum will be retained by the Landlord to cover the cost of processing this application as furnished by the applicant.

A reservation payment of \$ _____ is required for processing this application, and is being paid herewith. By signing this application the undersigned expressly agrees to rent this unit (if application is approved) and agrees that if applicant(s) is accepted by management then decides not to move into the premises, this reservation fee will be forfeited as liquidated damages since other prospective tenants may have been turned away and it may be necessary for Management to re-advertise the property and evaluate other applicants. If applicant is not approved, all monies given herewith, less application fee shall be returned to applicant. Processing of applicant shall be as timely as possible and the results may be offered via telephone, fax, or mail.

I certify that the information given herein is complete and correct. The Landlord or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements, to communicate with my employers, creditors and landlords, and to procure such other information (including credit reports) which the Landlord may require to evaluate this application at the time application is submitted and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of application, or Management may immediately terminate any tenancy entered into in reliance upon misinformation given on the application.

Signature: _____

Date: _____



BEN MARSCH AND ASSOCIATES

MEMBERSHIP RESIDENTIAL APPLICATION

Fastrak Inv. Services inc.
888-505-6596 Ph

ADDRESS APPLIED TO: _____

Please make sure all information is complete and legible.

First : _____ Middle _____ Last me: _____ DOB: _____

Social Security number: (be sure we can read this) _____ All Other Name(s) Used: _____

Driver's License #: _____ Address:license: _____ City: _____ State: _____ Expires: _____

Current Street ss: _____ City: _____ State: _____ Zip Code: _____

Cellular Phone: (_____) _____ E-mail Address: _____ Day Phone: (_____) _____

CO APPLICANTS INFORMATION BELOW:

FIRST : _____ Middle _____ Last me: _____ DOB: _____

Social Security number: (be sure we can read this) _____ All Other Name(s) Used: _____

Driver's License #: _____ Address:license: _____ City: _____ State: _____ Expires: _____

Current Street ss: _____ City: _____ State: _____ Zip Code: _____

If more information can be provided please attach an additional sheet of paper.

Have you ever been charged and/or convicted of/crime Misd or Felony? Applicant yes or no / Co-app yes or no

If Yes Please Explain.

Offense type: _____ Offense: _____ Date: _____ State: _____ County: _____

Offense type: _____ Offense: _____ Date: _____ State: _____ County: _____

Offense type: _____ Offense: _____ Date: _____ State: _____ County: _____

List all cities and states you have resided in within the last 10 years:

STATE: COUNTY: STATE: COUNTY: STATE: COUNTY:

STATE: COUNTY: STATE: COUNTY: STATE: COUNTY:

By signing this form below, All screening fee's are PER person, and NON refundable.
I understand I have the right to dispute the accuracy of information reported and upon written request may obtain a summary copy of my report. I certify that all statements made on the application are true and correct to the best of my knowledge. I am aware that false, misleading or imcomplete information may result in denial of tenancy or subsequent eviction. I authorize Lake connor Park to request FasTrak Services, Inc.to inquire any and all criminal /credit details found on myself. By authorizing this, I understand that FasTrak services, Inc. will then report/disclose this information to Lake connor. I have been given a copy of the said companie's Criteria and have signed it understanding their guidelines.

Applicants Signature: _____ DATE: _____

Please Print name also: _____

Co-applicants Signature: _____ DATE: _____

Please print name also: _____