

Expected Move-In Date: _____ City _____ State _____

How did you hear about us? (CHECK ALL THAT APPLY)

Google (or internet search) Facebook LinkedIn Listing Site (VRBO, YP.com, etc.)
 Referral: _____ Other: _____

Applicant: _____ D.O.B.: _____

Email: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Yrs: _____ Mo: _____ Home Phone: _____ Work Phone: _____ Cell: _____

Landlord (if applicable): _____ Landlord Phone: _____

Previous Address (if less than 2 years): _____ How Long? _____

City: _____ State: _____ Zip: _____

Landlord (if applicable): _____ Phone: _____

Current Employer: _____ Salary: _____ How Long? _____

Supervisor: _____ Phone: _____ Fax: _____

Co-Applicant: _____ D.O.B.: _____

Email: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Yrs: _____ Mo: _____ Home Phone: _____ Work Phone: _____ Cell: _____

Landlord (if applicable): _____ Landlord Phone: _____

Previous Address (if less than 2 years): _____ How Long? _____

City: _____ State: _____ Zip: _____

Landlord (if applicable): _____ Phone: _____

Current Employer: _____ Salary: _____ How Long? _____

Supervisor: _____ Phone: _____ Fax: _____

Relationship to Applicant: _____

Family members traveling with you Spouse Child(ren) - names _____
and ages: _____ Pets Yes No (if yes, specify type and weight): _____

Social Media Sites You Use: Facebook LinkedIn Twitter

Devices You Use: Desktop Tablet/iPad Smart Phone

Are you a StayPoints Guest Rewards member? Yes No (if no, join at www.ahi.mystaypoints.com)

Car Make/Model: _____ Driver's License #: _____ State: _____

Car Tag #: _____ State: _____ Exp: _____

Have you ever:

Filed for Bankruptcy? No Yes - date: _____

Been evicted from tenancy? No Yes - date: _____

Been convicted of a felony? No Yes - date: _____

Willfully or intentionally refused to pay rent when due? No Yes - date: _____

Are you a registered sex offender? No Yes - date: _____

Billing Information:

Applicant Pay Company Pay - contact person/phone: _____

Bill to Address: _____ City: _____ State: _____ Zip: _____

Party Responsible for Additions and Incidentals? Applicant Company - contact if different: _____

IMPORTANT!!! Payment for apartment and other services including long distance is due on demand in cash, check or approved credit card. I agree to be personally responsible in the event that the indicated person, company, or association fails to pay any part or all of these charges. I hereby make application for occupancy of the described apartment unit on the terms specified. I affirm the above information to be true and correct. All persons and/or businesses named above may freely give any requested information concerning me, and I hereby waive all right of action for any consequence resulting from such information. I understand that favorable rental/mortgage history and verifiable employment history are required to approve my application. Any false information given automatically prohibits me from renting and deems all leases void. I agree to AHI Corporate Housing's privacy policy (found online at www.ahicorporatehousing.com)

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

APPLICANT AUTHORIZATION RELEASE

In connection with my application with AHI Corporate Housing, Inc. I hereby authorize any consumer agency, current and previous employer, current and any former landlord, law enforcement agency, any check authorization agency, and state employment security agency to release all information any of them may have about me to AHI Corporate Housing. I authorize AHI Corporate Housing to share my driver's license and/or passport with prospective apartment communities. I hereby release all of these parties from any liability in connection with the release of such information. I also authorize AHI Corporate Housing, Inc the use of data contained in my application for residence for demographically or other types of studies or reports.

A facsimile or other copy of this authorization shall be sufficient for release by aforesaid parties.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case, the authorization form continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Applicant Signature: _____ Date: _____

Printed Name: _____ Social Security #: _____

Street: _____ City: _____ ST: _____ Zip: _____

Driver's License #: _____ DL State: _____ Date of Birth: _____

Co-Applicant Signature: _____ Date: _____

Printed Name: _____ Social Security #: _____

Street: _____ City: _____ ST: _____ Zip: _____

Driver's License #: _____ DL State: _____ Date of Birth: _____

PLEASE NOTE: We authorize credit card payments to make sure the accounts are valid and will accept the charge equal to the amount due at move-in. We only complete the charge if a reservation request is accepted.

AHI USE ONLY

_____ Applicant Credit Score Date: _____ Approved Yes No

_____ Co-Applicant Score Date: _____ Approved Yes No

Denial Letter Sent Yes No

CREDIT/DEBIT CARD AUTHORIZATION

I hereby authorize Apartment Hunters, Inc. to charge the debit card / credit card listed below for charges to be incurred under the anticipated "Lease Agreement" with AHI Corporate Housing.



Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ CVV: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

A I agree that the debit card / credit card may be used for all move-in related fees and deposits.

A I agree that the debit card / credit card may be used for monthly rent payment, late fees, and damages.

In addition, upon execution of the "Lease Agreement", the debit card / credit card may be used for charges not otherwise paid (including, but not limited to cancellation fees, early termination fees, missing furniture or housewares items, and damages beyond normal wear and tear.)

I agree to be personally responsible in the event that the indicated person, company, or association fails to pay any or all of these charges. Rents, late fees, and other fees unpaid on or after the tenth day of the month will be automatically charged to this credit card.

I represent that I have the authority to execute this debit card / credit card authorization form and agree that this authorization is effective today and is valid until the account is paid in full. I understand and consent to the use of my debit card / credit card without my original signature on the charge slip and that a photocopy, fax copy, or scan of this agreement serves as an original.

Cardholder's Signature: _____ Date: _____

PLEASE NOTE: We authorize credit card payments to make sure the accounts are valid and will accept the charge equal to the amount due at move-in. We only complete the charge if a reservation request is accepted.